

State of California

County of San Bernardino



Department of Children's Services

2005

AB636 Self-Assessment

Submitted January 31, 2006

TABLE OF CONTENTS

	Page
INTRODUCTION	3
I. SUMMARY ASSESSMENT	4
A. Discussion of System Strengths and Areas Needing Improvements	4
B. Areas for further exploration through the PQCR	17
II. DEMOGRAPHIC PROFILE AND OUTCOMES DATA	17
A. Demographic Profile	17
1. County Data Report	18
a) County Welfare Services Participation Rates	19
b) Safety Outcomes	20
c) Permanency Outcomes	24
d) Child and Family Well-Being Outcomes	27
e) San Bernardino County DCS Caseload Demographics	32
2. San Bernardino County – Demographics of General Population	32
3. Educational Information	33
B. CWS Outcomes and C-CFSR Data Indicators	34
1. Safety Outcomes	34
2. Permanency Outcomes	37
3. Concurrent Planning Review	38
5. Child and Family Well-Being Outcomes	40
III. PUBLIC AGENCY CHARACTERISTICS	42
A. Size and Structure of Agencies	42
B. County Governance Structure	44
C. Number/Composition of Employees	44
IV. SYSTEMIC FACTORS	48
A. Relevant Management Information Systems	48
B. Case Review System	49
C. Foster/Adoptive Parent Licensing, Recruitment and Retention	57
D. Quality Assurance System	59
E. Service Array	61
F. Staff/Provider Training	68
G. Agency Collaborations	70
V. COUNTY-WIDE PREVENTION ACTIVITIES AND STRATEGIES	72
A. County-wide Primary Prevention Efforts	72
B. Prevention Partnerships	72
C. Strategies for the Future	75

INTRODUCTION

The County of San Bernardino has made tremendous progress in reshaping and reforming the manner in which Child Welfare Services are delivered to its children and their families. This 2005 Self-Assessment Report outlines the diligent efforts the County has made to further fortify the strengths outlined in the previous assessment cycle and to improve the outcomes in the areas identified in the 2004 System Improvement Plan (SIP).

The County has benefited from the comprehensive goals, strategies and milestones developed by agency and community partners participating in the SIP process. Adhering to the timelines prescribed in the SIP, the County immediately mobilized committees and task forces to implement the changes set forth in the plan.

I would like to thank the dedicated members of Self-Assessment Team for accepting the invitation to guide the County's efforts in creating a new paradigm in which Child Welfare Services are developed and delivered through the joint efforts of the family, community partners, resource families, partner agencies and social work professionals. The leadership of Children's Network Officer Kent Paxton and the contributions of the Community Collaboratives are greatly appreciated.

The County Department of Children's Services has scrutinized its practices, policies and outcomes. Self-assessment and improvement are part of the institutional culture of the County's entire network of providers of Child Welfare Services. Staff has come to expect and anticipate changes and trainings to enhance professional practice. Every modification made to service delivery will improve outcomes for children and families as defined by the California Child and Family Services Review.

After all of the numbers have been crunched, broken down and restructured, one simple reality still remains. Social work is about people. Social workers do not see clients as outcomes; clients do not see their social worker as the "government." It is the quality of the relationship between the worker and client, between the agency and the community that determines the outcome.

We look forward to working with our clients, the community and the State to improve the quality of those relationships and to achieve positive outcomes for children and their families.

Brian Thomson
Child Welfare Services Manager
County of San Bernardino

I. SUMMARY ASSESSMENT

A. Discussion of System Strengths and Areas Needing Improvements

Overview

The 2005 update to the County Self-Assessment Report begins with a summary of the implementation of the New Initiatives. These changes in practice required a shift in the manner in which Child Welfare Services have been delivered in the past. The shift is to a paradigm in which Child Welfare Services are developed and delivered through the collaboration of the Department of Children Services, the family, community partners, multi-discipline agency partners, and significant individuals from the family's system of support. Although DCS retains responsibility for all decisions made in the life of any case, those decisions are now reached by team consensus after all collaborators have had an opportunity to contribute their input on the provision of safety, permanence and well-being of the child.

Specifically, the New Initiatives include **Family To Family**, **Family Group Decision Making** and **Wraparound**. All of these initiatives operate from the base of strength of the family. The objective is to enable the family to maintain the child safely in the home, reunify the child safely with the family in their home, or maintain the child safely with a loving resource family in the child's home community. Every effort is made to preserve and empower the family with the least amount of intervention in order to provide for the safety, permanence and well-being of the child and the self-sufficiency of the family.

Besides the New Initiatives, other strengths have evolved from the County's 2004 AB636 System Improvement Plan. DCS has implemented a **Youth Advisory Board** to give youth an opportunity to participate in the needs assessment, development and evaluation of child welfare services, especially those services targeted at ILP-eligible youth.

The County's Screening, Assessment, Referral and Treatment process (**SART**) and the **Healthy Homes** program address the needs of children at high risk for long-term health and behavioral health outcomes. **Drug Court** and the Drug Endangered Children program (**DEC**) help to improve outcomes for children and families affected by parental substance abuse or dangerous exposure to illegal drug manufacturing.

Underlying all of these and many other enhancements to the delivery of child welfare services is the County's diligent efforts towards **Fairness and Equity** in all aspects of decision-making, policy formation, development of procedures, and procuring client support services. **Mandatory training** is underway to make DCS staff aware of the New Initiatives and to facilitate the paradigm shift to collaborative decision-making in developing and implementing successful case plans.

Changes in the State's methodology of measuring and interpreting **outcome data** have improved the County's degree of compliance with State and Federal standards. DCS will continue to resolve data entry problems and clean-up data in the CWS/CMS database to more accurately reflect the quality and quantity of work performed by the County's staff.

Changes in Outcomes

Since the 2004 cycle of Self-Assessment and development of the System Improvement Plan, the County has made significant improvement in outcomes.

Included in the updated Self-Assessment Report are data tables from the **Quarterly County Data Report** (QCDR), produced by the California Department of Social Services (CDSS) and the University of California at Berkeley. This report is broken down into four general categories of information: Child Welfare Service Participation Rates, Safety Outcomes, Permanency Outcomes, and Child and Family Well-Being Outcomes. Comparisons are made between the most recent data and the oldest data provided by CDSS in the 2nd Quarter 2005 QCDR.

Child Welfare Service Participation Rates (Year 2004)

- The County's population of children under the age of 18 has **increased** by 6,655 (since 2002) to 571,870.
- Of this population, 39,507 (69.1 per 1,000) unduplicated children were involved in a CWS referral during the year. This is an **increase** of 3,069 (4.6 per 1,000) since 2002.
- Substantiated referrals were 5,588 (9.8 per 1,000) a **decrease** of 343 (0.7 per 1,000) since 2002.
- There were 1,731 children (3.0 per 1,000) who entered a child welfare supervised placement for at least five days duration for the first time during 2004, a **decrease** of 55 (0.2 per 1,000) since 2002.
- There were 5,405 children (8.9 per 1,000) under the age of 19 in child welfare supervised foster care on July 1, 2004, a **decrease** of 28 (0.1 per 1,000) since July 1, 2003.

Safety Outcomes

- 1A. Federal – 9.3% of all children with a substantiated allegation within the first six months of the 12-month study period (04/01/04-03/31/05) had another substantiated allegation within six months (limited to dispositions within the study year, according to federal guidelines). This is a 0.7% **decrease** since the study period 07-01/02-06/30/03.
- 1B. State – 12.8% of all children with a substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2% **decrease** since the study period 07/01/01-06/30/02.
- 1B. State – 11.3% of all children with a first substantiated referral during the 12-month study period (04/01/03-03/31/04) had a subsequent substantiated referral within 12 months. This is a 2.2% **decrease** since study period 07/01/01-06/30/02.
- 1C. Federal - 1.10% of all children in county supervised or Foster Family Agency child welfare supervised foster care during the federally established nine month review period (07/01/04-03/31/05) had a substantiated allegation by a foster parent during that time. This is a 0.83% **increase** since review period 10/01/02-06/30/03.
- 2A. State – 9.2% of all children with allegation (inconclusive or substantiated) during the 12-month study period (04/01/03-03/31/04) who were not removed, had a

subsequent substantiated allegation within 12 months. This is a 1.2% **decrease** since study period 07/01/01-06/30/02.

- 2B. State – 94.2% of all 1st Quarter 2005 Immediate Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 2.2% **increase** since Q2 2003.
- 2B. State – 94.8% of all 1st Quarter 2005 10-Day Response referrals of child abuse and neglect have resulted in an in-person investigation, both planned and actual visits. This is a 1.3% **decrease** since Q2 2003.
- 2C. State – In March 2005, 87.1% of all children who required a monthly social worker visit, received a monthly visit. This is a 4.4% **increase** since April 2003.

Permanency Outcomes

- 3E. Federal – 60.5% of all children reunified from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 12 months. This is a 3.7% **decrease** since study period 07/01/02-06/30/03.
- 3A. State – 38.4% of all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/03-03/31/04) were reunified within 12 months (entry cohort). This is a 3.5% **decrease** since study period 07/01/01-06/30/02.
- 3D. Federal – 29.8% of all children who were adopted from child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) had been in care for less than 24 months. This is a 10.1% **increase** since study period 07/01/02-06/30/03.
- 3A. State – 6.5% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/02-03/31/03) were adopted within 24 months (entry cohort). This is a 3.2% **increase** since the study period 07/01/00-06/30/01.
- 3B. Federal – 81.3% of all children in child welfare supervised foster care for less than 12 months during the 12-month study period (04/01/04-03/31/05). This is a 0.5% **increase** since study period 07/01/02-06/30/03.
- 3C. State – 63.5% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/03-03/31/04), and were in care for 12 months, had no more than two placements (entry cohort). This is a 1.4% **decrease** since study period 07/01/01-06/30/02.
- 3F. Federal – 9.5% of all children who entered child welfare supervised foster care during the 12-month study period (04/01/04-03/31/05) were subsequent entries within 12 months of a prior exit. This is a 2.4% **decrease** since study period 07/01/02-06/30/03.
- 3G. State – 14.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/02-03/31/03) and were reunified within 12 months of entry re-entered foster care within 12 months of reunification (entry cohort). This is a 3.5% **increase** since study period 07/01/00-06/30/01.

Child and Family Well-Being Outcomes

- 4A. State - 51.5% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with ALL of their siblings. This is a 3.2% increase **since July 1, 2003**.
- 4A. State - 73.7% of all children in child welfare supervised foster care on April 1, 2005, with siblings in care, were placed with SOME or ALL of their siblings. This is a 1.1% **increase** since July 1, 2003.
- 4B. State – 15.9% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *relative (kin) care as an initial placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 32.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *relative (kin) care as a primary placement*. This is a 0.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 33.5% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *relative (kin) care*. This is a 0.5% **increase** since July 1, 2003.
- 4B. State – 29.9% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster home care as an initial placement*. This is an 8.6% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 16.1% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster home care as a primary placement*. This is a 2.2% **decrease** since the study period 07/01/02-06/30/03.
- 4B. State – 8.0% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *foster home care*. This is a 2.3% **decrease** since July 1, 2003.
- 4B. State – 43.2% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster family agency (FFA) care as an initial placement*. This is a 5.7% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 39.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *foster family agency (FFA) care as a primary placement*. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 28.0% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *foster family agency (FFA) care*. This is a 0.6% **increase** since July 1, 2003.
- 4B. State – 3.6% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in *group home care as an initial placement*. This is a 0.7% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 4.1% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period

(04/01/04-03/31/05) were in *group home care as an primary placement*. This is a 0.8% **decrease** since the study period 07/01/02-06/30/03.

- 4B. State – 8.7% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in *group home care*. This is a 0.1% **increase** since July 1, 2003.
- 4B. State – 7.4% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in “*other*” *care as an initial placement*. This is a 1.6% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 8.0% of all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period (04/01/04-03/31/05) were in “*other*” *care as a primary placement*. This is a 0.8% **increase** since the study period 07/01/02-06/30/03.
- 4B. State – 21.8% of all children who were in child welfare supervised foster care *as of April 1, 2005* were in “*other*” *care*. This is a 1.1% **increase** since July 1, 2003.
- 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *relative* homes as of the 1st Quarter of 2005. This is a 6.9% **increase** since the 2nd Quarter of 2003.
- 4E. State – 0.0% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative Indian family* homes as of the 1st Quarter of 2005. This is the **same** percentage reported for the 2nd Quarter of 2003.
- 4E. State – 47.6% of children identified in CWS/CMS with a “y” as Indian Child Welfare Act (ICWA) eligible were placed in foster care in *non-relative non-Indian family* homes as of the 1st Quarter of 2005. This is a 21.7% **increase** since the 2nd Quarter of 2003.
- 4E(2). State – 40.4% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *relative* homes as of the 1st Quarter of 2005. This is a 7.1% **increase** since the 1st Quarter of 2004.
- 4E(2). State – 4.5% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative Indian family* homes as of the 1st Quarter of 2005. This is a 5.0% **decrease** since the 1st Quarter of 2004.
- 4E(2). State – 50.6% of all Indian Child Welfare Act (ICWA) eligible children as identified with primary or mixed (multi) ethnicity of American Indian were placed in foster care in *non-relative non-Indian family* homes as of the 1st Quarter of 2005. This is a 3.0% **increase** since the 1st Quarter of 2004.
- 8A. State – 234 foster children eligible for Independent Living Services *received a high school diploma* during the period 10/01/03-09/30/04. This is a **decrease** of 43 since the period 10/01/01-09/30/02.
- 8A. State – 193 foster children eligible for Independent Living Services *enrolled in college or higher education* during the period 10/01/03-09/30/04. This is a **decrease** of 17 since the period 10/01/01-09/30/02.
- 8A. State – 3,017 foster children eligible for Independent Living Services *received ILP Services* during the period 10/01/03-09/30/04. This is an **increase** of 335 since the period 10/01/01-09/30/02.

- 8A. State – 91 foster children eligible for Independent Living Services *completed vocational training* during the period 10/01/03-09/30/04. This is an **increase** of 14 since the period 10/01/01-09/30/02.
- 8A. State – 728 foster children eligible for Independent Living Services *were employed or had other means of support* during the period 10/01/03-09/30/04. This is an **increase** of 116 from the period 10/01/01-09/30/02.

Summary of 2005 Assessment

The highly trained, dedicated social workers in the San Bernardino County Department of Children's Services (DCS) provide support to families at risk of becoming involved or already involved with the child welfare system. Utilizing a strength-based, community inclusive, team approach DCS encourages family involvement to ensure child safety and well-being with the least intrusive level of intervention. The County's focus on the positive attributes and potential of the family reflects the County's ability to coordinate the efforts of the family's support system, along with agency and community partners, to provide an array of effective Child Welfare Services. This approach has successfully improved outcomes for children and families in San Bernardino County.

Case planning is performed in collaboration with the family, service providers and community members to attain the greatest level of participation and the least level of prescriptive activities necessary to empower the family to move toward positive change. Social workers employ creative approaches in order to develop a successful case plan with the family that meets their needs in a manner consistent with the family's economic condition and culture. Case plans are continuously revised to meet the changing needs of the family. When appropriate service provision is absent or unavailable, social workers oftentimes provide those services themselves. Strategic, collaborative case planning helps the family to discover ways to overcome barriers to accessing services and resources necessary to strengthen the family, thereby creating a safe and permanent home where children can thrive. The County is committed to preserving the family. When children must be placed in out-of-home care, San Bernardino County does particularly well in placing siblings together, and placing children in relative care homes.

San Bernardino County has partially implemented **Family To Family** (F2F) under the guidance of the Annie E. Casey Foundation. This practice engages a team of family members and persons who make up the support system for the family and the child in becoming actively involved in the placement and care of the child along with the planning and provision of services for the family. At the Team Decision Making (TDM) meetings, a team seeks consensus in making immediate decisions regarding out-of-home placements or maintenance of the child in their home. A TDM is held before any placement or re-placement occurs, or before any initial court hearing in cases of imminent risk removal. Family to Family also employs other strategies to engage the community in the protection of the child. These include recruitment of local foster families willing to work with the biological parents and keep the child in his own community as well as the recruitment of Community Partners who are involved in the TDM process.

San Bernardino County rolled out TDMs at intake in the target region of the City of Rialto on June 29, 2005. Over thirty (30) TDMs have been held since implementation. Policy and procedures have been developed for TDM. Training on TDM Readiness has been provided to staff and community partners. In an effort to address disparity of children of color entering the child welfare system, San Bernardino County will conduct TDMs on all African American infants age 0-1 countywide as each region comes online with Family To Family.

To help build community capacity for receiving placements, Family To Family utilizes a Recruitment, Development and Support of Resource Families (RDS) workgroup. In communities with high referral rates, the County has implemented “targeted community grass roots” approaches to recruiting. This includes saturating community businesses and churches with recruitment literature and attending community events. The County has increased its efforts to recruit resource families by providing staff with laminated cards to explain the process of becoming a resource family. In addition, staff has committed to increase its support of existing and potential resource families by returning all resource family calls within 24 hours of receiving the call. The RDS workgroup has developed a Resource Family Satisfaction Survey that will begin in January 2006. The Retention Committee has developed strategies that help support and retain foster parents. Implementation of a “Warm Line” is planned for April 2006 to further support resource families. Letters of Appreciation will be delivered to all resource families in February 2006.

The Building Community Partnerships (BCP) workgroup develops and trains community agency partners on the Family To Family philosophy and the partners’ role in Team Decision Making. Quarterly F2F Readiness trainings for community partners have been scheduled.

The County has established a Self-Evaluation (SE) workgroup that monitors the County’s AB636 System Improvement Plan as well as the Family To Family Outcomes. This workgroup tracks the outcomes of children who have been served by the TDM process and placed in their community of origin as well as siblings placed together. The SE workgroup is also developing a system to track new resource families.

Another San Bernardino County standard practice is ***Family Group Decision Making*** (FGDM), a family conferencing approach that provides the family with a process for self-determination in making critical decisions regarding obstacles to child safety, well-being, permanency and family reunification. Private Family Time is a fundamental aspect of FGDM that empowers the family as the primary decision-makers, fostering the family’s self-reliance and self-worth. The social worker assigned to the case may refer the family to FGDM at any point in the life of the case when it becomes apparent that the extended family may have the solution to the family’s needs.

Wraparound services are offered to families with children who have serious behavioral, emotional, social and family problems. Wraparound services enable the child and family

to overcome the barriers to retaining the child safely in a family home or foster home with care providers who know and love them in a family setting, instead of placement in a group home. In San Bernardino County, Wraparound is accomplished through contracted service providers who are experienced professional clinicians specialized in collaborating with family, friends and community resources to safely reunify children and families.

Family participation is voluntary in all Wraparound cases and cannot be court ordered, however, the court can authorize Wraparound for 300/602 children if the family agrees to participate. The child must have an open Medi-Cal case or a written mental health diagnosis by an authorized mental health professional. Wraparound services are offered to 300/602 and AB2726 children who are in or at risk of group home care at RCL 10 or higher and have been referred by the child's social worker, mental health clinician or probation officer, followed by approval by the Interagency Placement Council and (for 300/602 children only) authorized by a minute order of the Court.

The Wraparound Child and Family Team (CFT) develops a safety plan for the child along with a family mission statement and a set of goals in an Individualized Child and Family Plan (ICFP) that is outcomes-based and includes observable and measurable indicators of progress. The Plan is followed in the day-to-day delivery of services and is revised when needed. The Plan ends when the CFT reaches a consensus that the child and family have attained their goals and can self-sustain successfully in their community.

The **Youth Advisory Board** (YAB) was established as a result of San Bernardino County's previous CWS Self-Assessment and subsequent System Improvement Plan (SIP). The development and implementation of the Youth Advisory Board was identified in the County's SIP as an improvement goal for bettering outcomes for youth as they transition to self-sufficient adulthood. Outcomes for transitioning youth will be improved through youth involvement in seeking and creating resources, and developing and implementing programs designed to improve the delivery of child welfare services to these transitioning youth.

The YAB Mission Statement states "The Youth Advisory Board, by educating and collaborating with the community and child welfare services, commits to providing resources for current and former foster and probation youth. The Youth Advisory Board promotes the participation of foster and probation youth in policy development and legislative change to improve social work practice and child welfare policy." With the support of adult advisors, the YAB will improve the child welfare system by advocating for and collectively identifying the issues facing current and former foster/probation youth of San Bernardino County. In addition, YAB members will attend various statewide and leadership conferences pertaining to legislative and local issues affecting San Bernardino County foster care and/or probation youth.

Beginning in June 2005, the YAB has convened two times per month with twelve active board members and an audience of interested youth and supportive adults who advocate for youth in the community. YAB officers are chairperson, vice chairperson, secretary

and treasurer. Youth ranging in age from 16-21 may complete a membership application that is reviewed by the adult advisors who then submit the application to the YAB. A motion is made to issue a conditional acceptance letter along with an invitation for the applicant to visit a meeting to see if they are really interested. If the applicant youth and the YAB agree that there exists mutual benefit, the applicant is accepted as a member. Approximately sixty (60) youth have been involved in YAB since its inception.

Recruitment for the YAB is conducted through ILP, Aftercare and Probation. YAB gave its first public presentation at the Independent City conference, attended by 250 in-care and out-of-care youth from ILP foster care, Aftercare and Probation. Independent City provided a mock situation where participating youth could acquire and practice everyday living skills such as check writing, apartment hunting, arranging for utility hookups, household budgeting, job search, enrolling in educational/vocational classes, and other necessities. In addition to participating in the mock activities, YAB members provided resource materials and interacted with other conference attendees at the YAB information booth.

Training in the New Initiatives has been implemented for all Department of Children's Services (DCS) staff. To help meet the improvement goals in its SIP, each module in this training will address issues in the critical area of Fairness and Equity. This training is mandatory for all staff and is intended to communicate the County's philosophy, policy, practice and process for delivering child welfare services in an inclusive, participatory manner. Mandatory training has been initiated in the following specific areas: Domestic Violence, Poverty, Substance Abuse, Fairness and Equity, and Teaming Strategies (Wraparound, FGDM, F2F and YAB). Completion of training for current staff is anticipated by late spring 2006.

To support the new initiatives countywide, DCS has reorganized its Administrative Resources Division (ARD) to create Regional Support Teams. Additionally, each of the three geographical regions of DCS has assigned a CWS manager and supervisor to the Regional Implementation Team for their respective areas.

The Regional Implementation Teams coordinate planning and implementation to maintain standards across the regions and avoid duplication of services. They assess and communicate needs for training and technical assistance to support the implementation of New Initiatives. They also address Best Practice issues. Each Regional Implementation Team reviews and approves Individualized Child and Family Plans for Wraparound services in their respective region. In addition, each Regional Implementation Team reviews each referral for Wraparound services submitted in their respective region to ensure completeness and eligibility, and then is responsible for presenting the case before the Interagency Placement Council (IPC) for approval of the therapeutic appropriateness of providing Wraparound services for this child and family. The case is then reviewed by the Administrative Subcommittee (ASC) for final approval subject to the availability of resources.

The ARD Regional Support Teams are responsible for maintaining the integrity and fidelity of the programs in their assigned region. They monitor an outcomes and quality improvement process that supports service-providing agencies, the community and DCS. The Regional Support Teams also provide structural support, knowledge and information necessary for coordination of program implementation and maintenance at the regional level.

Another strength of San Bernardino County is the existence of a wide range of partnerships to provide opportunities for collaboration and integrated prevention strategies and early intervention services to at-risk children and families. The County's new Screening, Assessment, Referral and Treatment (SART) Process and Healthy Homes programs are promising examples of interagency collaborations that support and reflect our commitment to preventive and early intervention child welfare services.

The goal of **SART** is to improve the mental and social functioning of children as measured by school readiness and the achievement of appropriate developmental milestones. Children and their families, especially young children ages 0-6, will be screened, assessed and referred for treatment through a universal collaborative and standardized process that strengthens and builds on existing programs in the community.

Children born to women who use alcohol and illicit drugs during pregnancy represent a large population of children at high risk for long-term health and behavioral health outcomes. These children are at the core of the child welfare population in San Bernardino County and present with multiple problems that require interactions with a wide variety of County agencies. Furthermore, just as prenatal exposure to alcohol or drugs as well as premature birth and poor maternal nutrition can harm fetal brain development, family violence, substance abuse in the family, or maternal depression can interfere with the child's brain development after birth. Ultimately, intertwining social and biological factors contribute to long-term success or failure of all high-risk children.

The vision of SART is that children and their families living in San Bernardino County shall receive a comprehensive continuum of screening, assessment, referral, treatment and prevention services to ensure that:

- Babies are born free of exposure to alcohol, tobacco and other drugs;
- Children are raised in a safe and nurturing home; and
- Children and families achieve optimal health and development.

The **Healthy Homes Program** provides specialty mental health services for dependents in out of home care. This program is an early screening and treatment collaboration between DCS and the County Department of Behavioral Health.

The **Drug Endangered Children (DEC)** Task Force is a collaboration of the County Sheriff, District Attorney, Public Health, Children's Network and the Department of Children's Services to coordinate multi-agency response to law enforcement calls that involve drugs where children are present.

The interagency collaborations described in this self-assessment form a holistic and multidisciplinary approach to providing effective child welfare services to address child safety and well-being. Other interagency partners include the County Department of Behavioral Health, County Probation, Children's Fund, and Superior Court.

The following outcomes were identified in the County's 2004 Self-Assessment as areas needing improvement:

- Fairness and Equity
- Timeliness to Adoption (3D)
- ILP - Independent Living Program, Youth Transitioning To Self-Sufficient Adulthood (8A)
- Recidivism - Recurrence of Maltreatment (1A)

Recurrence of Maltreatment (1A) has been replaced by Rate of Foster Care Re-Entry (3G) in San Bernardino County's System Improvement Plan. A change in the State's methodology of measuring outcomes of Recidivism has shown San Bernardino County to be in compliance. In the 2005 Self-Assessment, DCS re-examined the County's risk and safety assessment policies. As a result, DCS is moving toward a standardized model of risk and safety assessment. Data clean-up on associated referrals and new strategies for monitoring data entry compliance have helped to better reflect the County's efforts in reducing recidivism.

Timeliness to Adoption- The Policy and Implementation Committee (workgroup) on Timeliness to Adoption was formed on November 16, 2004 in partial fulfillment of the County's AB636 System Improvement Plan. This workgroup addressed systemic as well as best practice implementation strategies that will reduce the timeline and number of placements from a child's removal to adoption.

Worker surveys and workgroup feedback indicate there has been little substantive collaboration, case-teaming or joint decision-making regarding a child's permanency needs and the development of an identified concurrent plan. The breakdown of early, proactive and cohesive permanency planning has increased the time children wait for an adoptive home.

The Department of Children's Services (DCS) has reviewed the County's policy on concurrent planning. Revision to concurrent planning protocol is nearing completion. Training for line staff and supervisors is scheduled to be completed in 2006. Additional staff has been proposed for the search unit, relative approval, and for expediting assessments of children's health, education and psychosocial needs. The workgroup also identified a need for a concurrent planning worker in each line unit, facilitating more effective Concurrent Planning Reviews (CPR). DCS is working diligently to recruit staff to fill critical vacancies in its base of intake and carrier positions. Once desired staffing levels have been reached, recruitment will begin for concurrent planning workers.

To increase consistency in completion of Paternity, Family Information and other required forms, DCS has begun streamlining forms and requiring timely review by the social worker of all client documentation. The workgroup has recommended the implementation of a Forms Passport, a tracking system in each case file to identify forms that have been completed or not completed. Unit supervisors will conduct periodic file reviews to ensure that all required relatives have been contacted and assessed. DCS has also implemented the Court Orientation protocol requiring clients to attend an orientation for the purpose of completing required client documentation regarding the identities of absent parents and extended family members. The Court Orientation also familiarizes the clients with the Court process and the importance of the clients' total and immediate cooperation. Implementation of the Court Orientation was specified as a milestone in the County's 2004 SIP.

DCS will examine the timeliness of adoption home studies in order to set standards for the length of time in which home studies are expected to be completed. The Department will also evaluate computerized systems that provide highly comprehensive search and matching capability to expedite child matching.

Recruitment and training of Permanency Resource Families will be improved. The workgroup has recommended that Permanency Resource Families (CP Families) be recruited and utilized only for low to moderate Family Reunification (FR) prognosis cases.

ILP -While DCS provides ILP services to a greater number of youth in comparison to other counties, the outcomes of these services are not always available. DCS has established a Youth Advisory Board and has encouraged more active involvement of youth in the creation of the ILP plan. DCS has enlisted the help of Loma Linda University to begin developing a system to track the delivery of ILP services and the outcomes of youth who have aged out of foster care or exited probation.

Fairness and Equity – Interwoven in the County's curricula of mandatory staff trainings in the New Initiatives is the central theme of fairness and equity in the delivery of child welfare services. In addition, one full day is spent specifically on fairness and equity awareness and its application at significant decision points in the life of a case, including decisions regarding effective services that are culturally and linguistically appropriate for the family.

The Department of Children's Services has implemented a Fairness and Equity Task Force to address issues of disparity and develop recommendations for increasing access to culturally appropriate services provided by a culturally competent social work staff and culturally diverse service agencies. Implementation of the Task Force represents a completed milestone identified in the County's 2004 System Improvement Plan. The mission of the Task Force is to integrate fairness and equity into all levels of decision-making, policy formation, program development and delivery of child welfare services. To accomplish its goals, the Task Force monitors the success of fairness and equity

strategies, provides follow-up, and establishes channels of communication for feedback from staff, clients and community partners.

The Fairness and Equity Task Force will focus on the positive characteristics and the unique strengths and dignity of culturally diverse families so that they can be enabled and empowered to provide for the needs of their children and youth with the support of their engaged community and the services of culturally competent professionals.

Rate of Foster Care Re-Entry – Since the 2004 System Improvement Plan, one of the outcome areas identified for improvement has come into compliance (Recurrence of Maltreatment 1A). Therefore the County has identified another outcome area in which improvement is needed. The County desires to address its Rate of Foster Care Re-Entry (3G). The measure for this outcome is defined as follows: *For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?* The County's base rate is 11.4% (based on our benchmark time period of 07/01/00 to 06/30/01). This rate increased to 12.4% for the period July 1, 2002 to June 30, 2003 based on 672 first-entry children reunified with their families after 5 or more days in welfare supervised foster care, of which 83 re-entered foster care within 12 months of reunification.

As social work staff become more adept at assessing client safety and self-sufficiency needs there will be a decrease in the recurrence of neglect and/or abuse and a resulting decrease in the rate of children re-entering foster care. The County Department of Children's Services is evaluating safety and risk assessment tools in order to provide staff with a standard for determining whether to remove, retain or return a child based on the minimum level of risk to safely retain the child in the family's home. Further discussion of this outcome area and the goals, strategies, milestones and timetables for improving the outcomes will be detailed in the County's 2006 System Improvement Plan.

Additional State Support Needed - The following are areas in which additional support from the state would help our County achieve improved positive outcomes for children and families:

- Allocate more funding to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of child welfare services.
- Enact legislation that directs Juvenile Court to acknowledge research-based best practices when considering intervention strategies designed by family involvement in the development of a successful case plan.
- Enact legislation and secure funding for more judges, courtrooms and reduced child/parent attorney caseloads to help reduce court calendar congestion to assist in our meeting reunification and permanency timelines.

- Enact legislation regarding the Unified Resource Family Assessment process and secure funding to reform relative approval process to decrease delays in placement of children with family while still ensuring children's safety.
- Enact legislation and secure funding to support treatment of emotionally and behaviorally disordered children and treatment of substance abusing youth outside of the Child Protective Services venue so as to limit parental abandonment of their children in order for the child to receive treatment.
- Implement strategic improvements in the CWS/CMS system that align it with social work practice and more flexible application by users as well as the ability to customize specific portions for County administration.
- Secure full funding of the Kinship Support Services Program.
- Secure funding of Family To Family and Family Group Decision Making.
- Secure funding of Relative Approval Unit up to the CCL Licensing worker caseload standards.
- Enact legislation and secure funding for recognizing portability issues for family/child engagement and the need for laptops.
- Enact legislation and secure funding for educational advocates to support AB490 activities.
- Give top priority to CMS enhancement of Adoption and ILP tracking.
- Enact legislation to give COLA and rate increases to foster caregivers and respite care.

B. Areas for further exploration through the PQCR

San Bernardino County completed the PQCR process in March 2004. This updated Self-Assessment Report represents a combination of facts and issues arising from our PQCR and self-assessment processes conducted in 2004 and 2005. With the issues covered in this report in mind, we intend to continue exploring strategies to improve outcomes for the children and families of San Bernardino County.

II. DEMOGRAPHIC PROFILE AND OUTCOMES DATA

A. Demographic Profile

San Bernardino County has a geographic area of 20,164 square miles. To put this in perspective, if San Bernardino County was a state, there would be nine (9) states smaller in size and fourteen (14) states smaller in population. While it continues to be a tremendous challenge to provide comprehensive child welfare services to our children and families across such an expansive area, this issue highlights the outstanding accomplishment of the departments and agencies that successfully do just that.

COMPARISON OF SAN BERNARDINO COUNTY WITH STATES AND DISTRICT OF COLUMBIA			
RANK	COMPARISON BY SQUARE MILES		
		Square Miles*	Population (2004)**
12	West Virginia	24,078	1,815,354
11	San Bernardino County	20,164	1,886,481
10	Maryland	9,774	5,558,058
9	Vermont	9,250	621,394
8	New Hampshire	8,968	1,299,500
7	Massachusetts	7,840	6,416,505
6	New Jersey	7,417	8,698,879
5	Hawaii	6,423	1,262,840
4	Connecticut	4,845	3,503,604
3	Delaware	1,954	830,364
2	Rhode Island	1,045	1,080,632
1	District of Columbia	61	553,523
	* Square Miles information from USGS site.		
	** Population information from US Census Bureau site based on 2004 estimates.		

Rank	COMPARISON BY POPULATION		
		Square Miles*	Population (2004)**
19	Utah	82,144	2,389,039
18	Nevada	109,286	2,334,771
17	New Mexico	121,356	1,903,289
16	San Bernardino County	20,164	1,886,481
15	West Virginia	24,078	1,815,354
14	Nebraska	76,872	1,747,214
13	Idaho	82,747	1,393,262
12	Maine	30,862	1,317,253
11	New Hampshire	8,968	1,299,500
10	Hawaii	6,423	1,262,840
9	Rhode Island	1,045	1,080,632
8	Montana	145,552	926,865
7	Delaware	1,954	830,364
6	South Dakota	75,885	770,883
5	Alaska	571,951	655,435
4	North Dakota	68,976	634,366
3	Vermont	9,250	621,394
2	District of Columbia	61	553,523
1	Wyoming	97,100	506,529

1. County Data Report

Assembly Bill (AB) 636 requires a series of measurements that provide indicators of key program outcomes, processes, and receipt of critical services. These outcome measures

are consistent with the Federal Child and Family Services Review, in that federal indicators are a subset of the State's indicators under this new system.

Aggregate outcome data are collected via the Child Welfare Services Case Management System (CWS/CMS), a statewide computer data system that tracks children in the Social Services system. Children's Services Social Workers are responsible for inputting data in CWS/CMS as part of the process to manage their caseloads for children and families who receive child welfare services. This system provides both challenges and benefits as it continues to undergo improvements to keep up with the changes in the child welfare system.

The data referenced in the initial sections of this Self-Assessment Report comes from the Quarterly Outcome and Accountability County Data Report, which is published by the California Department of Social Services (CDSS) and provides a summary of Federal and State program outcome measures. This report is provided by the State to counties for their assessment of program performance and reflects the outcome data available on CWS/CMS.

The Quarterly County Data Report (QCDR) breaks down data into four general categories of information: Child Welfare Services Participation Rates; Safety Outcomes; Permanency Outcomes; and Child and Family Well-Being Outcomes.

CHILD WELFARE SERVICES PARTICIPATION RATES

This section provides data on the number, and number per 1,000 children in the county, for key child welfare indicators. It is intended as background information to assist your county in analyzing the County's performance by the outcome indicators. This section was developed by the University of California, Berkeley (UCB).

Number of children < 18 in population

Population projections from California Department of Finance (based on the 2000 U.S. Census).

Year	Number
2004	571,870
2003	571,050
2002	565,215

Number and rate of children with referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Year	Number	Rate	
		Original	Updated
2004	39,507	69.1 per 1,000	--
2003	37,719	66.2 per 1,000	66.1 per 1,000
2002	36,438	64.5 per 1,000	64.5 per 1,000

Number and rate of children with substantiated referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year that had substantiated allegations, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Year	Number	Rate	
		Original	Updated
2004	5,588	9.8 per 1,000	--
2003	6,091	10.6 per 1,000	10.7 per 1,000
2002	5,931	10.5 per 1,000	10.5 per 1,000

Number and rate of first entries

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/firstentries/Rates.asp>

Year	Number	Rate	
		Original	Updated
2004	1,731	3.0 per 1,000	--
2003	1,758	3.0 per 1,000	3.1 per 1,000
2002	1,786	3.1 per 1,000	3.2 per 1,000

Number and rate of children in care

Number of children < age 19 in child welfare supervised foster care on the indicated date, per 1,000 children < age 19 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>

Date	Number	Rate	
		Original	Updated
Jul 1, 2004	5,405	8.9 per 1,000	--
Jul 1, 2003	5,433	8.9 per 1,000	9.0 per 1,000

SAFETY OUTCOMES

These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect by reporting instances of abuse and neglect at various stages of child welfare services and process measures which reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure. This measure was developed by UCB.

Federal: Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months? (limited to dispositions within the study year, according to federal guidelines).

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_recurrence.asp

1A. Percent recurrence of maltreatment (Fed)		
12-month study period	Original	Updated
04/01/04-03/31/05	9.3%	--
01/01/04-12/31/04	8.1%	--
10/01/03-09/30/04	8.8%	--
07/01/03-06/30/04	8.6%	--
04/01/03-03/31/04	9.5%	9.5%
01/01/03-12/31/03	11.3%	11.3%
10/01/02-09/30/03	10.7%	10.6%
07/01/02-06/30/03	10.0%	10.0%

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months		
12-month study period	Original	Updated
04/01/03-03/31/04	12.8%	--
01/01/03-12/31/03	13.9%	--
10/01/02-09/30/03	13.8%	--
07/01/02-06/30/03	14.5%	--
04/01/02-03/31/03	14.6%	14.6%
01/01/02-12/31/02	15.1%	15.1%
10/01/01-09/30/02	15.9%	15.9%
07/01/01-06/30/02	14.8%	14.8%

State: Of all children with a *first* substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months after first substantiated allegation		
12-month study period	Original	Updated
04/01/03-03/31/04	11.3%	--
01/01/03-12/31/03	12.6%	--
10/01/02-09/30/03	12.4%	--
07/01/02-06/30/03	13.6%	--
04/01/02-03/31/03	13.5%	13.5%
01/01/02-12/31/02	13.6%	13.6%
10/01/01-09/30/02	14.5%	14.5%
07/01/01-06/30/02	13.5%	13.5%

Rate of Child Abuse and/or Neglect in Foster Care (1C)

This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement (currently limited due to data constraints to children in foster or FFA homes). This data was developed by UCB. It is a federal outcome measure.

For all children in county supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period (timeframe established according to federal guidelines), what percent had a substantiated allegation by a foster parent during that time?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp

1C. Percent rate of child abuse and/or neglect in foster care (Fed)		
Nine-month review period	Original	Updated
07/01/04-03/31/05	1.10%	--
04/01/04-12/31/04	0.76%	--
01/01/04-09/30/04	0.73%	--
10/01/03-06/30/04	0.55%	--
07/01/03-03/31/04	0.47%	0.36%
04/01/03-12/31/03	0.55%	0.27%
01/01/03-09/30/03	0.24%	0.27%
10/01/02-06/30/03	0.36%	0.27%

Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A)

This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

2A. Percent rate of recurrence of abuse/neglect in homes where children were not removed		
12-month study period	Original	Updated
04/01/03-03/31/04	9.2%	--
01/01/03-12/31/03	10.0%	--
10/01/02-09/30/03	9.6%	--
07/01/02-06/30/03	10.2%	10.2%
04/01/02-03/31/03	10.4%	10.4%
01/01/02-12/31/02	10.2%	10.2%
10/01/01-09/30/02	10.6%	10.6%
07/01/01-06/30/02	10.4%	--

Child Abuse/Neglect Referrals with a Timely Response (2B)

This is a process measure designed to determine the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. This data was developed by CDSS. It is a state process measure.

Percent of child abuse and neglect referrals in the study quarter that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

2B. Percent of child abuse/neglect referrals with a timely response				
	Immediate Response Compliance		10-Day Response Compliance	
	Original	Updated	Original	Updated
Q1 2005	94.2%	--	94.8%	--
Q4 2004	94.1%	--	94.8%	--
Q3 2004	95.3%	--	95.6%	--

Q2 2004	95.0%	95.1%	94.8%	94.9%
Q1 2004	95.5%	95.4%	96.0%	96.0%
Q4 2003	92.9%	92.8%	95.8%	95.6%
Q3 2003	94.4%	94.4%	95.5%	95.5%
Q2 2003	92.0%	--	96.1%	--

Timely Social Worker Visits With Child (2C)

This is a process measure designed to determine if social workers are seeing the children on a monthly basis when that is required. Children for whom a determination is made that monthly visits are not necessary (e.g. valid visit exception) are not included in this measure. This data was developed by CDSS. It is a state process measure. This report is based on CWS/CMS only. (Other data analysis measurements such as the SafeMeasures application may provide different results.)

Of all children who required a monthly social worker visit, how many received a monthly visit?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>

2C. Percent of timely social worker visits with child ¹						
	Original	Updated	Original	Updated	Original	Updated
Q1 2005	Jan 2005		Feb 2005		Mar 2005	
	86.9%	--	86.7%	--	87.1%	--
Q4 2004	Oct 2004		Nov 2004		Dec 2004	
	86.3%	--	86.2%	--	86.9%	--
Q3 2004	Jul 2004		Aug 2004		Sep 2004	
	88.6%	--	88.4%	--	88.3%	--
Q2 2004	Apr 2004		May 2004		June 2004	
	88.2%	87.3%	88.2%	87.7%	88.4%	88.4%
Q1 2004	Jan 2004		Feb 2004		Mar 2004	
	88.8%	88.8%	89.2%	89.2%	89.4%	89.4%
Q4 2003	Oct 2003		Nov 2003		Dec 2003	
	87.1%	87.1%	87.3%	87.3%	87.8%	87.8%
Q3 2003	Jul 2003		Aug 2003		Sep 2003	
	86.7%	--	87.3%	--	87.1%	--
Q2 2003	Apr 2003		May 2003		Jun 2003	
	82.7%	--	83.4%	--	83.8%	--

¹ Updates to the measure 2C code beginning in Quarter 4, 2004 resulted in a small jump in the percentages from Quarter 3, 2004 to Quarter 4, 2004.

PERMANENCY OUTCOMES

These measures are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

Length of Time to Exit Foster Care to Reunification (3E and 3A)

This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3E. Percent reunified within 12 months (Fed)		
12-month study period	Original	Updated
04/01/04-03/31/05	60.5%	--
01/01/04-12/31/04	59.8%	--
10/01/03-09/30/04	61.6%	--
07/01/03-06/30/04	63.0%	63.7%
04/01/03-03/31/04	64.0%	63.7%
01/01/03-12/31/03	64.1%	64.0%
10/01/02-09/30/03	64.9%	64.4%
07/01/02-06/30/03	64.1%	64.2%

State: For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent reunified within 12 months (entry cohort)		
12-month study period	Original	Updated
04/01/03-03/31/04	38.4%	--
01/01/03-12/31/03	40.0%	--
10/01/02-09/30/03	38.9%	--
07/01/02-06/30/03	38.3%	--
04/01/02-03/31/03	39.0%	39.4%
01/01/02-12/31/02	40.0%	39.6%
10/01/01-09/30/02	40.5%	40.0%
07/01/01-06/30/02	42.4%	41.9%

Length of Time to Exit Foster Care to Adoption (3D and 3A)

This is an outcome measure reflecting the percent of children adopted within 24 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3D. Percent adopted within 24 months (Fed)		
12-month study period	Original	Updated
04/01/04-03/31/05	29.8%	--
01/01/04-12/31/04	27.8%	--
10/01/03-09/30/04	24.5%	--
07/01/03-06/30/04	21.4%	21.9%
04/01/03-03/31/04	19.2%	19.5%
01/01/03-12/31/03	18.4%	18.9%
10/01/02-09/30/03	19.4%	20.0%
07/01/02-06/30/03	19.4%	19.7%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent adopted within 24 months (entry cohort)		
12-month study period	Original	Updated
04/01/02-03/31/03	6.5%	--
01/01/02-12/31/02	5.1%	--
10/01/01-09/30/02	4.5%	--
07/01/01-06/30/02	4.2%	--
04/01/01-03/31/02	4.0%	4.0%
01/01/01-12/31/01	4.1%	4.1%
10/01/00-09/30/01	3.7%	3.7%
07/01/00-06/30/01	3.2%	3.3%

Multiple Foster Care Placements (3B and 3C)

These measures reflect the number of children with multiple placements within 12 months of placement. This data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3B. Percent with 1-2 placements within 12 months (Fed)		
12-month study period	Original	Updated
04/01/04-03/31/05	81.3%	--
01/01/04-12/31/04	80.1%	--
10/01/03-09/30/04	79.5%	--
07/01/03-06/30/04	80.9%	--
04/01/03-03/31/04	83.3%	82.2%
01/01/03-12/31/03	83.5%	82.2%
10/01/02-09/30/03	83.3%	81.6%
07/01/02-06/30/03	82.1%	80.8%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements?

URL: <http://cssr.berkeley.edu/CWSCMSreports/cohorts/stability/>

3C. Percent with 1-2 placements – if still in care at 12 months (entry cohort)		
12-month study period	Original	Updated
04/01/03-03/31/04	63.5%	--
01/01/03-12/31/03	65.0%	--
10/01/02-09/30/03	63.9%	--
07/01/02-06/30/03	63.6%	--
04/01/02-03/31/03	63.7%	64.2%
01/01/02-12/31/02	61.4%	61.2%
10/01/01-09/30/02	64.7%	63.9%
07/01/01-06/30/02	65.0%	64.9%

Rate of Foster Care Re-Entry (3F and 3G)

This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. The data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3F. Percent of admissions who are re-entries (Fed)		
12-month study period	Original	Updated
04/01/04-03/31/05	9.5%	--
01/01/04-12/31/04	9.7%	--
10/01/03-09/30/04	9.4%	--
07/01/03-06/30/04	10.6%	--
04/01/03-03/31/04	10.2%	10.4%
01/01/03-12/31/03	11.5%	11.7%
10/01/02-09/30/03	12.2%	12.5%
07/01/02-06/30/03	11.5%	11.9%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)		
12-month study period	Original	Updated
04/01/02-03/31/03	14.4%	--
01/01/02-12/31/02	16.4%	--
10/01/01-09/30/02	14.9%	--
07/01/01-06/30/02	15.6%	--
04/01/01-03/31/02	12.9%	13.0%
01/01/01-12/31/01	11.4%	11.5%
10/01/00-09/30/01	11.7%	11.4%
07/01/00-06/30/01	11.4%	10.9%

CHILD & FAMILY WELL-BEING OUTCOMES

These measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents.

Siblings Placed Together in Foster Care (4A)

These measures reflect the number of children placed with all or some of their siblings in foster care. The data was developed by UCB. It is a state outcome measure.

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

URL: <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

4A. Percent of children in foster care that are placed with ALL siblings		
Point-in-time	Original	Updated
Apr 1, 2005	51.5%	--
Jan 1, 2005	50.2%	--
Oct 1, 2004	47.7%	--
Jul 1, 2004	47.3%	47.3%
Apr 1, 2004	48.5%	48.7%
Jan 1, 2004	48.1%	48.5%
Oct 1, 2003	47.4%	47.2%
Jul 1, 2003	48.7%	48.3%

4A. Percent of children in foster care that are placed with SOME or ALL siblings		
Point-in-time	Original	Updated
Apr 1, 2005	73.7%	--
Jan 1, 2005	72.9%	--
Oct 1, 2004	71.7%	--
Jul 1, 2004	71.2%	71.3%
Apr 1, 2004	72.4%	73.0%
Jan 1, 2004	72.0%	72.0%
Oct 1, 2003	71.0%	71.6%
Jul 1, 2003	72.3%	72.6%

Foster Care Placement in Least Restrictive Settings (4B)

This measure reflects the percent of children placed in each type of foster care setting. The data was developed by UCB. It is a state outcome measure.

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type)? What percent of children in child welfare supervised foster care were in kin, foster, FFA, group, and other placements at the specified point in time?

URL: (entry cohort) <http://cssr.berkeley.edu/CWSCMSreports/cohort/firstentries/>

URL: (point in time) <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>

	Initial Placement	Primary Placement	Point in Time (PIT) Placement
	04/01/04-03/31/05	04/01/04-03/31/05	Apr 1, 2005
	Original	Original	Original
4B. Relative	15.9%	32.4%	33.5%
4B. Foster Home	29.9%	16.1%	8.0%
4B. FFA	43.2%	39.4%	28.0%
4B. Group/Shelter	3.6%	4.1%	8.7%
4B. Other	7.4%	8.0%	21.8%

	Initial Placement	Primary Placement	Point in Time (PIT) Placement
	01/01/04-12/31/04	01/01/04-12/31/04	Jan 1, 2005
	Original	Original	Original
4B. Relative	16.7%	32.9%	34.4%
4B. Foster Home	32.5%	16.6%	8.5%
4B. FFA	38.5%	36.1%	26.4%

4B. Group/Shelter	4.4%	5.8%	9.4%
4B. Other	7.9%	8.6%	21.4%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	10/01/03-09/30/04		10/01/03-09/30/04		Oct 1, 2004	
	Original		Original		Original	
4B. Relative	17.2%		31.2%		32.6%	
4B. Foster Home	33.1%		16.9%		9.2%	
4B. FFA	38.1%		37.7%		27.1%	
4B. Group/Shelter	4.3%		5.8%		9.4%	
4B. Other	7.4%		8.4%		21.7%	

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	07/01/03-06/30/04		07/01/03-06/30/04		Jul 1, 2004	
	Original		Original		Original	
4B. Relative	17.5%		30.5%		32.1%	
4B. Foster Home	34.1%		15.5%		9.6%	
4B. FFA	37.5%		40.1%		27.1%	
4B. Group/Shelter	4.0%		6.2%		9.6%	
4B. Other	6.9%		7.6%		21.6%	

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	04/01/03-03/31/04		04/01/03-03/31/04		Apr 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	16.4%	16.8%	28.7%	33.6%	31.9%	31.9%
4B. Foster Home	34.4%	33.4%	16.1%	14.6%	9.6%	9.5%
4B. FFA	39.8%	39.6%	41.8%	38.2%	28.4%	28.6%
4B. Group/Shelter	3.4%	3.8%	6.2%	6.3%	9.5%	9.4%
4B. Other	6.0%	6.3%	7.2%	7.3%	20.6%	20.7%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	01/01/03-12/31/03		01/01/03-12/31/03		Jan 1, 2004	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	16.0%	16.3%	29.6%	32.0%	32.2%	32.5%
4B. Foster Home	34.5%	34.2%	17.0%	15.5%	9.9%	9.7%
4B. FFA	40.2%	40.2%	42.0%	39.6%	28.0%	28.2%
4B. Group/Shelter	3.1%	3.3%	4.9%	5.7%	9.6%	9.5%
4B. Other	6.2%	6.0%	6.4%	7.1%	20.3%	20.0%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	10/01/02-09/30/03		10/01/02-09/30/03		Oct 1, 2003	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	14.5%	15.1%	27.3%	31.1%	32.1%	32.2%
4B. Foster Home	38.4%	37.9%	19.6%	17.0%	10.6%	10.5%
4B. FFA	38.2%	38.3%	41.1%	39.1%	27.5%	28.1%
4B. Group/Shelter	3.0%	3.0%	4.2%	5.4%	9.1%	9.1%
4B. Other	6.0%	5.8%	7.8%	7.4%	20.7%	20.1%

	Initial Placement		Primary Placement		Point in Time (PIT) Placement	
	07/01/02-06/30/03		07/01/02-06/30/03		Jul 1, 2003	
	Original	Updated	Original	Updated	Original	Updated
4B. Relative	14.7%	15.3%	27.3%	31.8%	32.3%	33.0%
4B. Foster Home	39.4%	38.5%	20.4%	18.3%	10.3%	10.3%
4B. FFA	37.2%	37.5%	40.8%	37.8%	27.0%	27.4%
4B. Group/Shelter	2.7%	2.9%	3.4%	4.9%	8.6%	8.6%
4B. Other	6.0%	5.8%	8.1%	7.2%	21.7%	20.7%

****Rate of ICWA Placement Preferences (4E)**

4E (1) This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings as identified with ICWA eligibility ("y"). This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q1 2005	Original
4E. Relative Home	47.6%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	47.6%

Q4 2004	Original
4E. Relative Home	32.1%
4E. Non-Relative Indian Family	3.6%
4E. Non-Relative Non-Indian Family	64.3%

Q3 2004	Original
4E. Relative Home	29.2%
4E. Non-Relative Indian Family	4.2%
4E. Non-Relative Non-Indian Family	66.7%

Q2 2004	Original
4E. Relative Home	32.3%
4E. Non-Relative Indian Family	2.0%
4E. Non-Relative Non-Indian Family	65.7%

Q1 2004	Original
4E. Relative Home	42.5%
4E. Non-Relative Indian Family	2.5%
4E. Non-Relative Non-Indian Family	40.0%

Q4 2003	Original
4E. Relative Home	23.8%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	52.4%

Q3 2003	Original
4E. Relative Home	37.5%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	45.8%

Q2 2003	Original
---------	----------

4E. Relative Home	40.7%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	25.9%

4E (2) This measure reflects the percent of Indian Child Welfare Act eligible children as identified w/primary or mixed (multi) ethnicity of American Indian placed in foster care settings. This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q1 2005	Original
4E. Relative Home	40.4%
4E. Non-Relative Indian Family	4.5%
4E. Non-Relative Non-Indian Family	50.6%

Q4 2004	Original
4E. Relative Home	37.0%
4E. Non-Relative Indian Family	4.3%
4E. Non-Relative Non-Indian Family	56.5%

Q3 2004	Original
4E. Relative Home	36.2%
4E. Non-Relative Indian Family	3.2%
4E. Non-Relative Non-Indian Family	57.4%

Q2 2004	Original
4E. Relative Home	23.1%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	76.9%

Q1 2004	Original
4E. Relative Home	33.3%
4E. Non-Relative Indian Family	9.5%
4E. Non-Relative Non-Indian Family	47.6%

***Measure 4E(2) was recently developed to reflect percent of ICWA eligible placement types. For county information only. CDSS does not update these measures due to recent methodology changes, which render comparisons between current and previous data meaningless.*

Children Transitioning to Self-Sufficient Adulthood (8A)

These measures are designed to reflect the degree to which children and families receiving child welfare services are receiving the services necessary to provide for their care and developmental needs.

This measure reflects the number of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency. The data was collected by CDSS. This measure includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

This data is based on hard copy reports submitted by counties to the CDSS for the time period covered by the report. These numbers are updated once per year.

URL: http://www.dss.cahwnet.gov/research/SOC405A-In_415.htm

Number of Children Transitioning to Self-Sufficient Adulthood with:

10/01/03-9/30/04	Original
8A. High School Diploma	234
8A. Enrolled in College/Higher Education	193
8A. Received ILP Services	3,017
8A. Completed Vocational Training	91
8A. Employed or other means of support	728

10/01/02-9/30/03	Original
8A. High School Diploma	476
8A. Enrolled in College/Higher Education	233
8A. Received ILP Services	2,969
8A. Completed Vocational Training	221
8A. Employed or other means of support	500

10/01/01-09/30/02	Original
8A. High School Diploma	277
8A. Enrolled in College/Higher Education	210
8A. Received ILP Services	2,682
8A. Completed Vocational Training	77
8A. Employed or other means of support	612

SAN BERNARDINO COUNTY DCS CASELOAD DEMOGRAPHICS

At over 20,000 square miles in area, San Bernardino County is divided into five (5) DCS regions, each with its own DCS offices that include blended units. (Blended units have intake, family maintenance, family reunification and permanency planning workers stationed together.) Combined, those units carry a total of over 8,000 open DCS cases and open referral cases. The following is a breakdown of those regions.

Number of Open Cases and Referrals (for point-in-time January 22, 2004)				
Region	Total Open Cases plus Open Referrals	C=Cases Only R=Referrals M= Mixed	Total Open Cases	Total Open Referrals
Desert (DS)	2,215	M	1,820	395
Rancho (RC)	2,219	M	1,747	472
San Bernardino (SB)	3,451	M	2,857	594
Special Svcs (SS)	115	C	115	0
Hot Line (HL)	11	R	0	11
Total	8,011		6,539	1,472

¹ CAD IQ: Extract of CWS/CMS

2. San Bernardino County – Demographics of General Population¹

San Bernardino County is geographically the largest county in California. It encompasses over 20,000 square miles, in which there are 31 incorporated cities, 10 college/universities and 7 museums¹. The population of San Bernardino County is listed at 1,886,481, which averages 94 people per square mile. The following information describes the demographics of San Bernardino County families.

<u>Population</u> ²		% of Total Population
White (includes Hispanic)	1,006,960	58.9
Black or African American	155,348	9.1
American Indian & Alaska Native	19,915	1.2
Asian	80,217	4.7
Native Hawaiian & Other Pacific Islander	5,110	0.3
Some Other Race	355,843	20.8
Identifying 2 or more races	86,843	5.0
Average Household Size	3.15 persons	

<u>Age Information</u> ²		% of Total Population
Under 5 years old	143,076	8.4%
5 to 9 years old	163,860	9.6%
10 to 14 years old	158,202	9.3%
15 to 19 years old	141,130	8.3%

<u>Relative Caregivers</u> ²	
Grandparents living in the household with one or more own grandchildren under 18 years of age	54,327
Grandparents responsible for grandchildren	19,737

<u>Employment and Income Information</u> ²	
Population 16 years and over	1,214,368
Of those, the number in labor force	735,589
Industry with most employees	Education, Health and Social Services
Class of worker with most employees	Private wage and salary workers

¹ County of San Bernardino Web-site; Facts and Stats Page

² US Census Bureau, Census 2000

<u>Families</u>	407,205
Income less than \$10,000	27,892
\$10,000 - \$14,999	21,307
\$15,000 - \$24,999	49,005
\$25,000 - \$34,999	49,962

\$35,000 - \$49,999	69,324
\$50,000 - \$74,999	89,288
\$75,000 - \$99,000	49,387
\$100,000 - \$199,999	45,063
\$200,000 or more	5,977
Median Family Income (dollars)	46,574

Number of families below Poverty Level in 1999	51,186
With related children under 18 years	43,223
With related children under 5 years	23,729

3. Educational Information

San Bernardino County has numerous educational services to accommodate its population of over 1.8 million people, including over 280 elementary schools, over 55 middle schools and over 60 jr. high and high schools serving our children and young adult population¹. The following data represents the enrollment of our population at various educational levels.

Population 3 years and over enrolled in school²	555,363	Percent of Total Population
Nursery school, preschool	26,350	4.7 %
Kindergarten	32,949	5.9%
Elementary School (grades 1-8)	264,664	47.7%
High School (grades 9-12)	123,138	22.2%
College or graduate school	108,262	19.5%

¹US Census Bureau, Census 2000

²Academic Performance Index (API) Report – 2001 Base

Educational level reached by population 25 years of age and over¹		
Population 25 years and over	983,273	Percent of Total Population
Less than 9 th grade	102,229	10.4%
9 th to 12 th grade – NO diploma	151,365	15.4%
High School Graduate (includes equivalency)	246,155	25.0%
Some college, NO degree	252,654	25.7%
Associate degree	74,289	7.6%
Bachelor's degree	102,339	10.4%
Graduate or Professional degree	54,242	5.5%
74.2% of the population 25 years or over have graduated high school or earned a higher education degree		

The Standardized Testing and Reporting system (STAR) is a measuring tool administered by the State to test the level of children's knowledge in Reading, Math, Language, Spelling and Science. In 2001, of the 29,342 4th grade students tested in reading, 41% scored at or above 50th on the National Percentile Rank (NPR). In the same year, of the 27,062 8th grade students tested in math, 42% scored at or above the 50th NPR. Also in

2001, of the 19,983 11th grade students tested in math, 41% scored at or above the 50th NPR².

¹ US Census Bureau, Census 2000

² STAR 2001: County Summary Report

B. CWS Outcomes and C-CFSR Data Indicators

The following is a summary of the information presented in the outcome data tables appearing in this report. The information is based on the 2nd Quarter of October 2005 California Child Welfare Services Outcome & Accountability County Data Report for San Bernardino County.

Safety Outcomes	January 2004	October 2005
1A - Recurrence of maltreatment (Federal)	12.3%	9.3%
1B - Recurrence of maltreatment within 12 months	18.6%	12.8%
1B - Recurrence of maltreatment within 12 months after first substantiated allegation	17.2%	11.3%
2A - Rate of recurrence of abuse and/or neglect in homes where children were not removed	12.1%	9.2%
2B - Percent of child abuse/neglect referrals with a timely response:		
Immediate Response Compliance	91.4%	94.2%
10 Day Response Compliance	95.9%	94.8%
2C - Timely Social Worker visits	82.7%*	87.1%

*2C- At the time of the 2004 Self-Assessment, the State was reporting this number as 60.2%. Since then, the State has revised the number to 82.7%.

In the past, the County's number of subsequent abuse referrals was inflated due to CWS/CMS data input practices. For example, a single child with a single incident of abuse, but reported by several people, would be tracked as multiple reports, in that, if the first report was substantiated then the subsequent reports of the same incident are tracked as a recurrence.

The State made changes to the methodology in which the Safety Outcomes have been formulated. Recurrence data provided by the State in the most recent quarterly report is shown above. Because of the State's changes and the County's efforts to clean-up data entry issues, the County's rate of recurrence for Outcomes 1A and 1B improved and is now compliant.

The implementation of ACL 03-61 – CWS/CMS Data Entry, which gave Counties directives on how to input multiple referrals helps to ensure that CWS/CMS data more accurately represents the rate of recurrence in San Bernardino County.

The following chart shows the most serious abuse allegation for the child's first substantiated referral stratified by region.

<u>Abuse Allegation (Most Serious)</u>	SB #	SB %	RC #	RC %	DS #	DS %	Total Children	Total %
Emotional Abuse	9	3	9	5	6	3	24	3
Exploitation	1	0	0	0	1	1	2	0
Caretaker Abuse	30	9	18	10	24	13	72	10
General Neglect	226	68	114	66	115	63	455	66
Physical Abuse	26	8	16	9	16	9	58	8
Severe Neglect	24	7	1	1	8	4	33	5
Sexual Abuse	18	5	16	9	12	7	46	7
Total Children	334		174		182		690*	

* While a total of 691 children were re-abused within 12 months, only data on 690 of those children were available.

Data for Outcome 1B are located in CMS and can be tracked to the expected timeframe. Of the total 4,421 (17.2%) subsequent referrals within the 12-month study period, the ethnicity most represented was White. This was followed in number by Hispanic, Black, Missing (no ethnicity was indicated), Asian, and Native American¹.

San Bernardino County's huge geographic expanse also affects this outcome. Due to the County's size, many families encounter geographical and transportation barriers to accessing treatment, thereby delaying services and increasing the risk of subsequent maltreatment.

The revision of the methodology for this outcome measure and implementation of the ACL 03-61 data entry directives significantly improved the data for this outcome resulting in a more accurate reflection of the rate of recurrence in our County. Additionally, the County's System Improvement Plan included the review of risk and safety assessment policies

Safety Outcome (2A/2B) is a state process measure designed to determine the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. San Bernardino County has stressed to its workers the importance of making timely responses to referrals.

CAD-IQ can run open and closed referrals for this indicator. San Bernardino County continues to perform well in this area and continues to improve its response process. The County has discontinued use of CADIQ for management reports.

Safety Outcome 2C is also a state process measure designed to determine if social workers are seeing the children on a monthly basis *when that is required*.

The County's compliance with monthly contact requirements was originally reported by the State as 60.2% (for April 2003), a number which was included in the County's 2004 Self-Assessment Report. The State has since revised the number to 82.7% for the same time period.

Interviews of almost 100 case-carrying social workers conducted during our Peer Quality Case Review that social workers are making their monthly contacts, but feel burdened by CWS/CMS. Workers report that entering contact into CWS/CMS to be laborious and oftentimes redundant. Social Workers report that even when they enter their contacts into CWS/CMS, time constraints due to service mandates prevent all case information from being documented. As a result, CWS/CMS is often not a complete and comprehensive record of care provided to the family.

San Bernardino County has employed methods to assist workers as they enter data into CWS/CMS, including the use of field “quickpads” and field documents that can be input by clerical staff.

In November 2003, the County set CMS/CWS data input standards for this outcome. Those standards require client contacts to be entered into CMS/CWS no later than 14 days after the contact’s occurrence. Supervisors and managers monitor caseloads and CAD-IQ reports to ensure that this data is entered timely. Additional policies and procedures have been developed to follow the data input instructions in ACL 03-61.

It should be noted that most of these outcomes are based on quantitative data entered into CWS/CMS. The task of trying to understand how Child Welfare Services are being practiced in the County is not complete or accurate without trying to gain qualitative data regarding social worker practice. However, we believe the instructions from the State and the County’s efforts based on those instructions has improved the data in CMS/CWS and more accurately represents the good work being done in our County.

Permanency Outcomes	January 2004	October 2005
3A - Length of time to exit foster care to reunification - Percent reunified within 12 months (entry cohort)	42.4%	38.4%
3A - Length of time to exit foster care to adoption - Percent adopted within 24 months (entry cohort)	3.2%	6.5%
3D - Length of time to exit foster care to adoption - Percent adopted within 24 months (Federal)	19.4%	29.8%
3C - Multiple foster care placements -Percent with 1 – 2 placements; if still in care at 12 months (entry cohort)	65%	63.5%
3G - Rate of foster care re-entry:Percent who re-entered within 12 months of reunification (entry cohort reunified with 12 months)	11.4%	14.4%

Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Sawson, W., Piccus, W., Magruder, J., Ben-Poorat, S., & Kim, H. (2004). *Child Welfare Services Reports for California*. Retrieved 04/07/04, from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSReports/>>

Permanency Outcome 3A - Of the 1,627 first entries into foster care during the 7/1/01-6/30/02 time frame, 689 of those reunified within 12 months.

Of the 1,843 first entries into foster care during the 7/1/00-6/30/01 timeframe, 59 children were adopted within 24 months.

For Outcome 3A, length of time to exit foster care (to adoption) is affected by various factors. San Bernardino Juvenile Dependency Court functions within their own timelines which do not always coincide with concurrent planning requirements and timelines. Extensions on reunification plans are often given to parents who only partially comply with their case plan. These extensions can greatly extend the time a child is in foster care and sometimes delay a child's right to stability and permanency.

During Federal FY 2001/02, there were a total of 414 foster children adopted, 346 of whom had been in foster care longer than 24 months. In other words, of all the children adopted during FY 2001/02, 16% had been in foster care less than 24 months. Outcome 3D above shows that San Bernardino increased that percentage to 19.4%, an improvement of almost 4%. The predominant ethnicity/gender for those adopted was white/female. Children adopted after 24 months had an open CWS/CMS case 4.7 years on average.

Outcomes 3A and 3D are multiple system outcomes. That is there are numerous agencies that have a stake in the child's well-being and numerous rules and regulations that must be adhered to by each agency for children to be transitioned appropriately from foster care to adoption.

There are also community issues that affect this outcome, such as foster parent resources, community capacity for adoption and the intensity of concurrent planning. San Bernardino County is evaluating its concurrent planning process to ensure the public is better informed of options and benefits regarding adoption.

San Bernardino County Quality Support Services (QSS) was asked to review the Concurrent Planning process to determine the Department of Children's Services compliance with the policy as evidenced by documentation in the case file. The review instrument consisting of seven questions is reproduced below.

A statistically valid sample of 350 cases was pulled and reviewed in February 2003. The sample consisted of open FR and PP cases in which the child was removed after 1/1/01 and remained in placement for a minimum of six months. The sample was separated by DCS office. Once the review was finished in an office, the review sheets were entered into a database that was developed by QSS to keep track of the results. Also, in an effort to be as comprehensive as possible, QSS explored other locations to find the necessary documentation.

Concurrent Planning review:

The following information is the result of the Concurrent Planning review:

Question #1 – Is “Concurrent Planning / Well-Being” of the child addressed in court reports?

Timeframe	Total Cases Reviewed	Total Cases Correct	Compliance Rate
Dispo Hearing	294	251	85%
6 Month Hearing	279	233	84%
12 Month Hearing	220	159	72%

Note: Although the compliance rate appears high it is inflated because many Social Workers include a “canned” Concurrent Planning statement with their court report. Based on the rest of the results from this review it may be that in reality Concurrent Planning is not being completed as often as the court reports would state that it is.

Question #2 – Is the DCS 432.5 (Concurrent Planning/Adoption Assessment) on file and complete?

Timeframe	Total Cases Reviewed	Total Cases Correct	Compliance Rate
Dispo Hearing	294	139	47%
6 Month Hearing	281	153	54%
12 Month Hearing	232	103	44%

Question # 3 – Is the DCS 361.3 FAM (Family Information Sheet) on file and complete?

Total Cases Reviewed	Total Cases Correct	Compliance Rate
293	110	38%

Question #4 – Is the DCS 361.3 REL Q (Relative Caretaker Questionnaire) on file and complete?

Total Cases Reviewed	Total Cases Correct	Compliance Rate
290	24	8%

While in some other practice areas it is likely that an activity is occurring, albeit not timely or thoroughly documented, this does not appear to be the case for Concurrent Planning. Identification and searching for relatives requires a paper trail that is frequently missing from our cases. We think the lack of documentation in this area is reflective of a lack of concurrent planning activity.

During this review it became apparent that the Concurrent Planning process was not initiated in many cases, and for those cases in which it was initiated there was seldom much follow through.

Further investigation into the concurrent planning/adoption process is being conducted. In the future concurrent planning survey is to be given to staff and supervisors regarding their opinions about our concurrent planning policies. The Concurrent Planning survey will provide valuable information and a source for measurement for the System Improvement Plan (SIP) in the areas of reunification and adoption outcomes.

In 2005, the County completed an intensive six-month survey of the entire Concurrent Planning process to determine where improved services and more intensive front-end case management would shorten the time to adoption. The results of this survey are summarized in the Timeliness to Adoption narrative of this report.

Permanency Outcome 3C - CMS shows the reason, in some cases, for placement changes going back as far as 10 years. A foster care placement can change for numerous reasons, one of those being the availability of placement resources appropriate to the issues the child(ren) is presenting.

The combination of a child's particular needs and the community's foster care capacity influences the number of placements a child may experience during their time in foster care. Specialized needs and emergency placements may occasionally displace children previously placed in those foster homes, thereby increasing the number of placements for those children. San Bernardino County now utilizes a centralized placement unit which can better match a child's specific needs with an appropriate foster home placement.

Permanency Outcome 3G - CMS can track this information and report. CAD IQ goes back 12 months for foster care re-entries (open cases with a prior episode) but does not break down episodes by placement type. The County no longer uses CADIQ for management reports.

Coordinated county services have the potential to fully address client Safety and Self-Sufficiency needs. This could decrease the chances of neglect and/or abuse re-occurring and thereby causing the children to re-enter foster care.

Child and Family Well-Being Outcomes	January 2004	October 2005
4A - Siblings placed together in foster care: % of children in foster care that are placed with <i>ALL</i> siblings	48.7%	51.5%
% of children in foster care that are placed with <i>SOME</i> siblings	72.3%	73.7%

4B - Foster care placement in least restrictive settings			
	Initial Placement	Primary Placement	Point in time Placement July 1, 2003
Relative	14.7%	27.3%	32.3%

Foster Home	39.4%	20.4%	10.3%
FFA	37.2%	40.8%	27.0%
Group/Shelter	2.7%	3.4%	8.6%
Other	6.0%	8.1%	21.7%

4B - Foster care placement in least restrictive settings			
	Initial Placement	Primary Placement	Point in time Placement April 1, 2005
Relative	15.9%	32.4%	33.5%
Foster Home	29.9%	16.1%	8.0%
FFA	43.2%	39.4%	28.0%
Group/Shelter	3.6%	4.1%	8.7%
Other	7.4%	8.0%	21.8%

4E - Rate of ICWA Placement Preferences		
	January 2004	Q1 2005
Relative Home	40.7%	47.6%
Non-Relative Indian Family	0.0%	0.0%
Non-Relative Non-Indian Family	25.9%	47.6%

8A - Children transitioning to Self-Sufficient Adulthood		
Number of children transitioning with:		
Achievement	# of Children	
	October 2002	October 2004
High School Diploma	277	234
Enrolled in College/Higher Education	210	193
Receiving ILP Services	2,682	3,017
Completed Vocational Training	77	91
Employed or other means of support	612	728

There were a total of 5,385 children placed in foster care during the point in time of 07/01/03. Of those children, 3,769 had siblings in foster care².

The actual number of children in a sibling group and their particular behavioral and medical needs affect this outcome in that space limits and care specialization may determine how many and which children may be safely placed together.

San Bernardino County believes that placing siblings together is the highest priority. We highly value our Foster Family Agency (FFA) placements as primary placements for sibling sets as they seem more willing and better able to provide care for sibling set placements; social workers rely on them to provide a higher level of care and mentoring. This directly relates to Outcome 4B in that over 40% of our primary placements are in FFA's.

CMS can track siblings placed together, lengths of time, and placement type.

4B Foster Care Placement in Least Restrictive Setting - The placements shown for the two reporting periods show very small changes in the percentages for initial and primary placements. This may be due to consistent placement practices among social workers.

San Bernardino County's trend mirrors the State's cycle. Relative placements have decreased, which seems to have become more pronounced with onset of AB-1695.

4E - Rate of ICWA Placement Preferences: There were a total of 27 children that were identified as ICWA eligible for the period of April-June 2003. Of those, 11 (40.7%) were placed in Relative Placements and 7 (25.9%) were placed with Non-Relative Non-Indian substitute care providers. Finally, there were 9 children that were placed with Non-Relative placements in which the ethnicity of the caregiver was not available¹.

For the next quarter reviewed (July-Sept 2003), there were a total of 24 ICWA eligible children. Of these, 9 (37.5%) were placed in Relative Placements, and 11 (45.8%) were placed with Non-Relative Non-Indian substitute care providers. Finally, there were 4 children that were placed with Non-Relative placements in which the ethnicity of the caregiver was not available¹.

San Bernardino County has recognized the need for heightened services for ICWA eligible children in our county. To assist in this, mandatory staff training was conducted in January and February of 2004. This was a collaborative training offered by San Bernardino County Department of Children's Services and San Bernardino County Counsel with representatives from the Fontana Native American Indian Center and the Indian Child Family Assessment Center. Topics covered in the training included ICWA Law and Noticing, cultural values and behavioral differences, services and resources for ICWA eligible clients. As a result, more ICWA eligible children have been identified.

Ongoing ICWA training will ensure that staff is familiar with the many procedures that must be followed when a client is identified as ICWA eligible. Tribal resources and the availability of acceptable placement and/or relatives, within the tribe, may also be factors.

8A – Children Transitioning to Self-Sufficient Adulthood: Data for this outcome is in the case plan, child profile, placement notebook, and the education notebook. It is not accessible by the State in its current format. Population measured is not clearly defined as these numbers could include DCS and Probation children. Self-sufficiency rates for the year following the initial review period were greatly improved. Some areas increased by over twice as many completions.

III. PUBLIC AGENCY CHARACTERISTICS

A. Size and Structure of Agencies

Agencies which are involved in the provision of child welfare services in San Bernardino include the Department of Children's Services, Children's Network, County Library, Public Defender, Probation Department, Sheriff's Department, Public Health Department, Department of Behavioral Health, Community Services Department,

Transitional Assistance Department, County Superintendent of Schools, Children's Fund, Juvenile Court, Preschool Services, County Counsel, District Attorney, Inland Regional Center, Arrowhead Regional Medical Center, County Administrative Office, and the Department of Economic and Community Development. The Probation Department is charged with supervising and providing services to minors under the age of 18 who have been adjudicated Wards of the Juvenile Court, pursuant to WI 602.

These agencies coordinate their child welfare efforts via the Children's Policy Council, (the leadership piece of the Children's Network), Children's Advocate Linkage, Children's Services Team, Children's Fund, Children's Lobby, Child Abuse Prevention Planning Committee, Child Care and Development Planning Council, and Family Preservation and Family Support Planning Council. While Children's Network is not a "superagency," it functions as the clearinghouse and coordinating body for our child welfare efforts. Other forums for CWS cooperation and coordination are described below.

1. County-operated Shelter

San Bernardino County does not operate an emergency placement shelter. The County works with a system of County-licensed foster homes, called "Shelter Care Homes," that have contracted with the County to provide specialized care for children on a 24-hour emergency basis. Shelter care homes are designed to provide shelter for minors on a short-term basis. The goal is to move children out of shelter care within thirty (30) days. Shelter care parents are highly competent and enable the stabilization and evaluation of children in their care so that a proper, permanent concurrent planning placement is possible after the child leaves shelter care.

2. County Licensing

The County of San Bernardino has a Memorandum of Understanding (MOU) with Community Care Licensing (a division of CDSS). The MOU describes the roles and responsibilities of the county for performing licensing functions for the state in licensing foster family homes within San Bernardino County geographic area.

Foster Home Services (FHS) is a unit within the Special Services Division of the Department of Children's Services. The FHS staff is responsible in performing the following mandatory tasks:

- Process applications for licensure including on-site visits
- Conduct periodic evaluations including annual on-site visits
- Conduct complaint and abuse investigations
- Maintain a complaint log which shall be available for review by the regional office
- Conduct a case assessment and initiate the appropriate course of action when a complaint is substantiated, the licensee of a foster home chronically fails to meet licensing requirements or when the licensee is found to be non-compliant
- Perform legal and administrative remedies which include completing the Statement of Facts package, with all documentation, and submitting the case with the County's recommendation to the regional office, and

- Conduct other licensing activities including, but not limited to, participating in meetings and periodic reviews with regional office staff, cooperation in corrective plans of action, compilation, review, and reporting data required for State and local data systems, and training licensing staff in the operation of the licensing program.

3. County Adoptions

San Bernardino County Adoptions Service (CAS) is licensed under the State Community Care Licensing Division, in accordance with regulations set forth under Title 22, Division 6 Chapter 9. Currently, the CAS provides “agency” adoption services including birth parent counseling and relinquishment services and services to families wishing to adopt court dependent children whose parents’ parental rights have been legally terminated. The CAS works closely with the county’s Child Protective Services division in identifying a permanent plan for court dependent children prior to termination of a parent’s parental rights and assumes full case responsibility for the child after termination of parental rights.

Pursuant to requirements under Title 22, Division 2 Chapter 3, the CAS provides the following agency adoptions services:

- Relinquishment and Consent procedures
- Adoptability assessments prior to termination of parental rights
- Recruitment of adoptive applicants
- Information dissemination and implementation of Adoption Assistance Program (AAP) benefits
- Stepparent Adoptions
- Provide group support and educational classes
- Photo-listing of children who have been legally freed for adoption
- Adoptive applicant advisements, assessments and home studies
- Adoptive placement and placement assessment
- Facilitation of needed services to the child prior to adoption finalization
- Adoption finalization Assistance
- Provision of all agency required court reports and documentation
- Post adoptive support services

B. County Governance Structure

Agencies which are involved in the provision of child welfare services in San Bernardino include the Department of Children’s Services, Children’s Network, County Library, Public Defender, Probation Department, Sheriff’s Department, Public Health Department, Department of Behavioral Health, Community Services Department, Transitional Assistance Department, County Superintendent of Schools, Children’s Fund, Juvenile Court, Preschool Services, County Counsel, District Attorney, Inland Regional Center, Arrowhead Regional Medical Center, County Administrative Office, and the Department of Economic and Community Development.

These agencies coordinate their child welfare efforts via the Children’s Policy Council, Children’s Advocate Linkage, Children’s Services Team, Children’s Fund, Children’s Lobby, Child Abuse Prevention Planning Committee, Child Care and Development

Planning Council, and Family Preservation and Family Support Planning Council. Other forums for CWS cooperation and coordination are described below.

C. Number/Composition of Employees

	Number of Part-time staff	Number of Full-time staff	Number of Extra Hire/Temporary staff
Administrative Support (clerical)		287	1
Social Work Assistants (Community services aides, parent partners, case aides, for example)		13	1
All CWS (case carrying) social workers		389	
All CWS (case carrying) Probation Officers		16	
Supervisors		66	2
Staff Analysts (NON-case carrying)		7	
TOTAL Number of Staff (Not FTEs)		854	4

How many of them carry cases?

405 Number of case-carrying social workers

92 Number of non case-carrying social workers (e.g., Family to Family, training supervisors, etc)

1. Staffing Characteristics

a. Turnover ratio

Type of Position	Number Who Left the Agency during FY 2002/03	TOTAL number of positions by category FY 2002/03
Administrative Support (clerical)	35	210
Social Work Aides (Community services aides, parent partners, case aides, for example)	2	12
All CWS (case carrying) social workers	32	389
All CWS (case carrying) Probation Officers	0	16
Supervisors	3	67
Staff Analysts (NON-case carrying)		97

b. Private contractors

Type of Child Welfare Service	Are there child welfare services that are contracted out? (Check those	Percentage of agency's service that is contracted out	Indicate Type of Contractor: Nonprofit, For Profit or Other Government (Circle all
-------------------------------	--	---	--

	that are)		that apply)
Recruitment of Foster and/or Adoptive Parents	x	5%	NPOx FP GOV
Differential Response			NPO FP GOV
Family Preservation	x	100%	NPOx FP GOV
Home Studies			NPO FP GOV
Adoptions	x	7%	NPOx FP GOV
Independent Living Programs	x	90%	NPOx FP GOV
Family Maintenance	x	*	NPOx FP GOV
Family Reunification Services	x	*	NPOx FP GOV
Wraparound Services SB 163	x	100%	NPOx FP GOV
Other (please list)_____			NPO FP GOV

*We contract with several CBO's for the therapeutic aspects of these child welfare services. SB County DCS maintains the case management part of these categories in-house.

c. Worker caseload size by service program

Program Area	Average number of children in FY 2002/03 per month (From the table above)	Average number of workers assigned to each program per month	Average caseload size per worker per month
ER	1598	107	15
FM			
FR	*7883	252	31
PP			
Adoptions	400	30	13.3
Family Preservation			

*We have blended units and Carrier staff that have combined FM, FR and PP caseloads. The figure above in the FR category represents FM, FR and PP caseloads.

2. Bargaining Unit Issues

In 2004, the County Human Resources Department concluded a reclassification study examining social worker positions within the Department of Children's Services. The results of that study were released and impacted the salary of the Supervising Social Service Practitioner classification only. Human Resources determined that there was no justification for a two-tiered Social Service Practitioner classification that had been proposed to stem the rate of turnover in that classification. However, the results of the study did indicate that a pay raise was warranted for Supervising Social Service Practitioners. No other significant bargaining unit issues exist at the time of this 2005 update to the Self-Assessment Report.

3. Financial/material resources

a. Source and expenditure of funds

San Bernardino County utilizes several flexible funding opportunities to achieve positive outcomes for children and families. Some of these flexible funding opportunities include

the Supportive Therapeutic Options Program (STOP), SB 163 (Wraparound), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Promoting Safe and Stable Families (PSSF), Kinship Support Services Program (KSSP), AB 2994 Children's Trust Fund, and AB 1733 Child Abuse Prevention, Intervention, and Treatment (CAPIT).

STOP is used to expand treatment and support options for families with children returning from out-of-home placement or at risk of such placements. SB 163 (Wraparound) is a collaborative program between the Department of Children's Services, Department of Behavioral Health, and Probation Department. EPSDT funds are also accessed by Behavioral Health and the Wraparound contractor, Eastfield Min Quan, to supplement this program. This program provides intensive services to children at risk of a high level of care placement.

EPSDT funds are used to support the Healthy Homes (Specialty Mental Health Services for Dependents in Out of Home Care) Program. This program is an early screening and treatment collaboration between DCS and DBH.

PSSF, KSSP, Children's Trust Fund, and CAPIT funds are used to contract with a wide variety of community-based organizations to provide a continuum of child abuse prevention and treatment services.

Underfunding of some elements of the CWS allocation, such as Relative Approval and Adoptions, places additional fiscal stresses on other elements of the allocation which, in turn, limits our ability to support additional services to achieve positive outcomes for children and families.

4. Political Jurisdictions

a. Number and type of political jurisdictions

In San Bernardino County there are 22 school districts and 24 cities. Of those 24 cities, 14 contract with the County Sheriff's Department for police protection, leaving 10 cities that have their own police departments. There are also 16 federally-recognized Native American Tribes with spheres of influence in San Bernardino County.

These political entities and jurisdictions coordinate and collaborate via various partnerships including, but not limited to, the Child Care & Planning Council, Children's Assessment Center, Children's System of Care, Family Preservation Councils, Head Start Shared Governance Board, County School Attendance Review Board, Countywide Gangs and Drugs Task force, Juvenile Justice Coordinating Council, Law Enforcement Education Partnership, imPACCT (People and Communities Changing Tomorrow), Child Death Review Team, Perinatal Coalition on Drug and Alcohol Abuse, and the Workforce Investment Board Youth Council.

5. Technology Level

San Bernardino County utilizes a variety of technologies to enhance and support the provision of child welfare services. For clarity, discussion of these technologies is divided between hardware and software.

Hardware utilized by our County includes desktop computers, laptop computers, Quick Pads, handie-talkies (used by Probation Officers to communicate with regional offices and dispatch), pagers, and cell phones. These technologies are used to document case information in the field and maintain contact between social workers in the field and regional DCS offices, and social workers in the field and community partners.

We have experienced some limitations to these hardware technologies in the provision of child welfare services. SB County has only a small number of laptops and has had some difficulty connecting remotely to CWS-CMS via laptop computer. CWS-CMS field entries cannot be entered while in the field because laptops cannot connect remotely to CWS-CMS and Quick Pads allow only text entries.

Software utilized by SB County includes SAS, Business Objects, CWS-CMS, and a CWS-CMS-JNET 2-way interface. These applications are used for statistical analysis and caseload management. However, because CWS-CMS is not yet SACWIS compliant, upgrades to the system are slow in coming and limited and we are limited to using Office 97. We do not use SPSS or Safe Measures.

6. Any other factor as applicable

San Bernardino County has a geographic area of 20,164 square miles (51,961 square kilometers). About 90% of the county is desert; the remainder consists of the San Bernardino Valley and the San Bernardino Mountains. It continues to be a tremendous challenge to provide fair, equitable, and effective child welfare services to our children and families across such an expansive area.

IV. SYSTEMIC FACTORS

A. Relevant Management Information Systems:

The Peer Quality Case Review process was used during March 2004, in San Bernardino County, as an adjunct process to inform the Self Assessment Report mandated by AB 636. The Peer Quality Case Review (PQCR) process included data review and specified case record reviews.

The PQCR found that the Department makes effective use of CWS/CMS (Child Welfare Services / Case Management System). The evaluation was done through documents reproduced from CWS/CMS, including Case Plans, Court Reports, and Delivered Service Logs, and through interviews with social workers.

Although the Department's use of CWS/CMS is effective, the system proves to be unduly restrictive. Overall CWS/CMS is cumbersome and unwieldy. For instance, Case Plans cannot easily be made specific to client needs. Initial Case Plans are often produced with minimal client participation due to the intake worker's time limitations and data entry requirements.

An evaluation of documentation trends included a review of the Case Plan document, the Court Reports (if applicable), Delivered Service Logs, and hard file documents. These items were evaluated for compliance with county policy, and for appropriate practices. It

was discovered that staff has more information in their memories, and has delivered a greater degree of services than is reflected in their documentation. Often, staff has difficulty finding time to enter the data. There also appears to be a lack of consistent expectations about what should be entered.

In CWS/CMS, there is no documentation of Concurrent Planning processes by the Adoptions staff, and relatively little by the CPS staff. This information is available in alternative record keeping binders/forms/court documents.

Delivered Service Logs show that the content of contact notes is abbreviated and does not reflect the full depth of the interview and contact with the family. Also, contact notes are not consistently entered within the timeframes established by county policy.

The social worker's explanation for brevity and lack of timeliness is that time priority is given to direct work with/for clients, and inadequate time is available to fulfill all State and Federal mandates. Not all contacts with clients are entered into the database, only those that are needed to satisfy compliance issues, in order to conserve time for other casework/client activities.

Systemically, the time factor appears to be related to greater task requirements for the role of the social worker than hours available to work. Also, the use of CWS/CMS is time intensive and complicated.

The translation capabilities of CWS/CMS is limited and, in some cases, notably inaccurate. Literal translations often do not make grammatical sense. Broken translations are common, for instance, "su child(ren)".

The Department utilizes a myriad of management information reports to track elements such as caseloads, referrals, staffing changes, placement capacities, etc. In addition to the management reports generated by CWS/CMS, the Department employs Business Objects and internally developed spreadsheets and databases. A committee representing the various service areas of the Department meets regularly to review and develop reports, which will provide supervisors and workers the feedback necessary to maintain quality case management.

Case management can be enhanced by implementing strategic improvements in the CWS/CMS system that align it with social work practice and more flexible application by users, as well as the ability to customize specific portions for the Department's management reporting needs.

B. Case Review System

1. Court structure/relationship

Juvenile Dependency Court handles matters involving minors under the age of 18, who have been victims of abuse or neglect by their parents or guardians. The Department of Children's Services investigates a complaint and decides whether or not the child is in

immediate danger. If the child is removed from the home, DCS has 48 hours to file a petition with the Juvenile Court.

The Juvenile Dependency Court consists of two judges and a commissioner, located in the County seat, whose time is dedicated to dependency matters for the entire County, except the northernmost portions of the desert; and a judge located in the high desert, whose time, on Fridays only, is dedicated to northernmost desert dependency matters.

The geographical immensity of San Bernardino County (20,164 square miles) requires strategic coordination for the efficient delivery of Court services to a population that is intensely concentrated in the southwestern portion of the County. The majority of the referrals for abuse and neglect come from the County's southwest end, the San Bernardino Valley, the San Bernardino Mountains, the San Gabriel Mountains, the southern portion of the high desert, and the Morongo Basin area of the southeastern desert. Dependency matters from these areas are heard in the Central Juvenile Court located in the County seat.

County Counsel houses seven juvenile attorneys in the newly constructed Central Juvenile Court. These attorneys are co-located with the Department of Children's Services court staff. County Counsel represents the Department, not the worker. While County Counsel is involved in every trial and in the more complex cases, there are not enough Deputy County Counsels to be involved in every case.

The Department of Children Services maintains a staff of social workers who act as Court Officers to facilitate the processing of dependency matters appearing before the Juvenile Court. Their goal is to make it possible for the case to go through without continuances. They review documents and attachments to ensure that reports going before the Court are sufficient and correct. In addition, a Search Unit provides the capability of finding missing relatives. The Court officers and the Search Unit are located adjacent to the Central Juvenile Court.

The rapport between the Court and the Department's line staff has improved immensely. This was facilitated by improving the communication between the Court and the Department's administration. DCS and the Court have established a Coordination and Implementation Committee to address issues as they arise and to collaborate on enhancements to Court related processes. The Court has expressed a genuine desire to maintain a positive and cooperative relationship with the Department. Likewise, the Department has welcomed the improvement to what line staff had previously regarded as an adversarial relationship with the Court.

Social workers have shown improvement in the proper completion and submittal of court documents, noticing, notifying the Court when a child has been moved, and adherence to the law. DCS is improving its ability to ensure that its social workers' four-day flex-schedule is compatible with the Court's five-day workweek. Social workers have been made aware of proper courtroom attire and the importance of punctuality when appearing in court.

The Department continues to train social workers how to respond when the Court asks for an explanation on a matter in question. The Court has expressed its frustration when social workers offer unsolicited excuses. While social workers, in general, are better prepared to go to court, the number of continuances is still problematic.

Delays in transporting parents from prison continue to cause delays in court proceedings.

The Court estimates that fifty percent of continuances are due to some failure on the part of the Department. Specifically cited were continuances caused by incomplete due diligence in the timely and adequate notification of all appropriate parties. Parents or other significant parties are appearing weeks or months after the court proceedings because notice was not served on them. County Counsel does not accept responsibility for this deficiency. Although the Department has hired process servers and improved the timeliness and accuracy of its noticing, further improvement is needed. The Department tracks continuances and regularly encourages line supervisors to thoroughly review the performance of their social workers. Changes in laws have resulted in an increase of the volume of required notices. The Department is considering a recommendation from the AB636 Timeliness To Adoption Committee to designate additional support staff to verify addresses in order to improve the timeliness and completeness of the relative search process.

Social workers, who have driven long distances to arrive early at the Court for first call, complain that the Court does not accommodate their need to be heard early. However, they note, the Court does accommodate similar requests made by attorneys by taking cases out of order.

The Court recommends that the Department create a unit of workers trained to review legal documents, with particular attention, in the case of petitions, to whether the evidence supports the allegations. The Court prefers that County Counsel review all documents submitted to the Court, but realizes that may not be possible. The Department maintains that its social workers, assigned to function as a unit of court officers, provide adequate review of all documents submitted to the Court. The Court would like to establish case standards, which should be enforced by the Department.

The Court wants to impress upon the Department that once cases are filed, they become part of the legal system, and as such, should meet the document requirements and protocol of the legal system. The Court believes that, with the proper front end review of all filings, the Department can resolve its problems with lack of proper noticing, improper allegations, and allegations not supported by evidence. The Department and the Court both recognize the need to continue training social workers to properly write allegations.

A court action slip is issued when someone needs to be contacted to provide missing information or explain matters to the Court when the case documents submitted to the Court are inadequate. A court action slip is also used to communicate directives,

reminders and information to the social worker concerning necessary actions. The current use of court action slips could be improved if they were compiled into a common, competent statistical report created and used to track concerns the Court has with the Department's handling of cases. The Department recognizes this report's value in providing feedback to the line supervisor, who will then employ further training with the social worker.

The Court will develop a protocol to establish what the Bench deems to be an emergency placement. Often, the Court is surprised to learn, during a court proceeding, that a child has been moved from one placement to another without the knowledge of the Court.

While the Court feels that the level of legal representation and advocacy for children has greatly increased, the Court would like the Department to become more demanding of the minor's contracted attorney. The Department should encourage the attorney to have more frequent contact with the child. The Court plans to begin making such demands on attorneys. While the changes have helped to weed out badly behaved, incompetent attorneys, the Court hopes that the Governor will endorse legislation to empower the Court to approve all attorney contracts with the Court.

The Court recognizes the need for more judges and/or commissioners. Currently, cases are set to trial four weeks out. Additional judges would enable this time lag to narrow to two weeks. Even if noticing problems did not contribute to continuances, the high volume of contested matters imposes an enormous burden on the Court's calendar. San Bernardino County's Juvenile Court hears and disposes more dependency cases per judge than any other county in the State. The Department is concerned that the Bench rotates every eighteen months. The Department would like to see judges, adept in juvenile law and suitable for child dependency matters, remain for longer terms.

The Department has recognized the value of Court Mediation and Pre-Trial Settlement Conference, not only as alternate resolution proceedings, but also as tools in framing the best course of action concerning the welfare of the child. Court Mediation provides an opportunity for contested matters to be discussed, furthering understanding and compromise, sometimes facilitating an agreement prior to Court proceedings. This saves valuable Court time and provides the parties an opportunity to approach issues under less formal circumstances. If a mediation agreement is reached, the trial can be canceled and the mediation agreement read into the record. At the Pre-Trial Settlement Conference, there exists the potential for discovery of a change of circumstances or a change of attitude of one of the parties, obviating the need for a trial. Although the Department encourages the use of Court Mediation and Pre-Trial Settlement Conference, no structured training in these alternatives is provided to the social worker.

The Department is aware of the need to encourage social workers to use the State Bar website when there is need of a current address to notice an attorney. Currently, if the social worker does not have an address immediately available, attorneys are wrongly noticed via the Court's mailroom.

While the Court looks upon the Department's compartmentalization favorably, there is a concern that the different parts of the Department don't properly communicate with each other. The Court also suggests that social workers can benefit from rotation of duties between intake and carrier. Currently, intake workers hand off cases to carrier workers. When the carrier worker is called upon by the Court to explain a deficiency in the intake of a case, the carrier worker shrugs off accountability because the deficiency occurred before the case was assigned to the carrier. By rotating, or even shadowing, the Court believes that all social workers will become more aware of the consequences when intake doesn't go well.

The Court suggests that a case remain in the same unit to maintain a continuity of experience with the case from initial response to adoption or reunification. The Department currently has blended units of intake and carrier workers. These blended units are supported by assigned adoption workers, who do not reside in the unit. Also, a duty worker, not necessarily assigned to the unit, usually does the initial response.

The Court firmly believes in statutory timelines regarding adoptions, and expects those timelines to be kept or the social worker will have to provide an explanation. The Department recognizes its efforts at concurrent planning have not been effective. The Court recommends social workers do early relative assessment rather than placing the child at the first available placement. Early assessment of the availability of extended family resources will enhance the probability of identifying family members who will commit to legal permanency for the child. The social worker should provide reunification services to the parents, at the same time that an alternate plan is developed for permanent placement through adoption, legal guardianship or long term foster care. The concurrent planning should be shared with the parents in the beginning of the case to emphasize the importance of the parents' effort to reunify with the child as soon as possible. The Court suggests that fast adoptions are those that are properly concurrently planned.

Court ordered psychological evaluations invariably take four to eight weeks or more to complete because the Department requires a regional budget committee approval for the expenditure. The Court expects compliance with such orders within two days, which is standard turnaround for psychological evaluations related to Probation cases.

Services offered to children and their families are detailed in individualized case plans that Department staff creates in collaboration with both the Court and the family.

The Department and the Court have collaborated in piloting a Drug Court. While the concept of front-loading services to respond to the client's needs has not yet proven to be statistically successful, hope remains for an eventual success. Currently, the control group is out performing the test group. The Department and the Court will continue to aggressively collect accurate data to measure the results. The lessons learned from this pilot program have been incorporated into the Drug Court protocol.

The Court Coordination and Implementation Task Force meets monthly to provide County Counsel, the Department of Children's Services and the Program Development

Division an opportunity to review and make plans to improve the processing of matters before the Court. This coordination meeting has been instrumental in making significant improvements in the flow of communication and documents.

The Judges and the Commissioner, along with their key staff, meet monthly with the Department of Children's Services to review and resolve current issues and discuss upcoming matters. Through these meetings, the Court and the Department have developed a stronger rapport, as evidenced in the openness with which issues can be discussed and the mutual desire to make improvements. This document attests to the willingness of both parties to self-assess their practices and expectations, focusing on the impact they have on the judicial processing of dependency matters.

The Court feels strongly that the Department's staff are good social workers, and that they should stay true to their role. The Court maintains social workers are not making "bad" decisions, they just are making them too "slowly". The system currently in place often asks social workers to be knowledgeable and proficient in tasks and procedures that are beyond the scope of their position. The majority of the Court's outstanding issues with the Department are systemic in nature and not fundamentally caused by the social worker. The Court bears some responsibility for the system and recognizes its role to oversee the practices and behavior of the attorneys.

The most positive aspect of this evolving relationship is that everyone has a vision of a process in which the child's needs are met in a timely and most appropriate manner available. That vision includes mutual respect and cooperation by all of the parties involved. While there is much work to be done to reach this envisioned relationship, everyone involved can recall and appreciate the tremendous improvements which have already been made to better the Court's relationship with the Department and its social workers.

The Department and the Court look forward to a more efficient Juvenile Court process, based upon a strong foundation of open communication and collaboration. Through a purposeful system of communication, the Department and the Court will continue to address current issues, design improvements and implement enhancements, in order to transform the system of delivering child welfare services.

2. Timely Notification of Hearings

When the parties are known to the social worker and current contact information is available, the notification of hearings is timely. As mentioned in other sections of this document, the Department recognizes the need for further training of social workers to adequately determine the proper parties to notice, utilize the various available resources to search for those parties, acquire accurate contact information and notify the appropriate parties in a timely manner.

The Department has contracted with a private agency to serve notice when the party to be noticed is incarcerated, out-of-state or cannot be easily noticed by the social worker. The contracted process server will adhere to the time limits required by the type of noticing.

Currently, the Department utilizes the contracted service for jurisdictional/dispositional and .26 hearings. The contracted service will serve the same party multiple times, if necessary, and will make up to three attempts to serve at a legitimate address provided by the Department. The process server will also make any reasonable attempt to locate the party if the notice cannot be successfully served at the address provided.

Currently, the contracted agency serves 25% of the Department's notices. This enhancement to the noticing process is a result of the dialog established between the Court, the Department, County Counsel, and the Program Development Division. The outsourcing of this service has produced excellent results. The effectiveness of this approach is evaluated on an ongoing basis at Court Coordination meetings.

The Department has encountered barriers to notifying parties who are incarcerated or out-of-country. County Counsel is researching the legal position of federal prisons preventing federal inmates from being served with the Department's civil dependency notices. Alternative to serving the specific party, the notice is therefore served upon the prison, whose responsibility then becomes to determine if the prison is interfering with the right of the prisoner to be served concerning child custody proceedings.

Notification of parties known to be out-of-country becomes problematic when foreign governments prohibit the direct service. In the case of Mexico, the Consulate will accept notice and have the party served, if the exact address is provided, accompanied by a money order in payment for the service. U.S.A. Immigration officials will provide the Mexican state and/or city where parties were returned after being deported from the United States; however, they will not provide a specific address. U.S.A. Immigration officials will not allow detainees to be served.

The notification of parties relevant to child custody proceedings for a Native American child have become complex and voluminous. The Department recognizes the need for further staff training, recruiting and development of regional resources to address these barriers.

3. Parent-child-youth participation in case planning

The Department's philosophy is to provide services in the least intrusive manner with a family centered focus. Social workers strive to maintain the lowest level of intervention and the greatest amount of collaboration with the family.

In the majority of cases there is immediate involvement of children and families in case planning. Social workers are persistent in locating and working with families early in the process.

A recommendation arising from the Department's 2004 PQCR called for the development of a policy whereby an "Orientation Meeting" could be held with the immediate and extended family to inform them of the dependency process and role the Court plays in that process. As mentioned in the Summary section of this 2005 Self-Assessment Report, DCS and the Court have developed a mandatory Court Orientation

for clients. This orientation facilitates the completion of critical documents and provides an overview of the court process while instilling a sense of urgency to provide for the safety, well-being and permanency of the child in a loving family setting where the child will thrive.

Social workers use their relationship and clinical skills to establish rapport and connect with the family. They utilize a high degree of creative social work in attempting to deal with challenges to completing a successful case plan. However, there is need to involve support staff in a team approach to completing system-imposed tasks so that the social worker's time can be free to deal with families. Currently, there is lack of adequate knowledge about client needs due to the short time that the intake social worker is involved with the family before the initial case plan must be completed.

The Department has recognized a need to review case plans to ensure that the goals and objectives identified for the family are not too numerous and overwhelming that the family will be defeated from the start of the case. The Department is aware that social workers should be reminded that case planning is not a static procedure. Even after the Court approves the initial case plan, social workers should continue to work with the Court to make modifications to meet the changing circumstances and needs of the family.

Family Group Decision Making (FGDM) or some form of family conferencing is overwhelmingly seen as helpful in producing positive results with the family. Reaching out to extended family members and the family's larger support system is valued and utilized by caseworkers. The Summary portion of this 2005 Self-Assessment Report describes the County's implementation of inclusive, participatory, collaborative approaches such as FGDM, Wraparound, Family To Family and the Youth Advisory Board.

Social workers maintain a collaborative relationship when transferring cases from one worker to another. Professionalism and respect for each other and for the client are evident in the practices of the Department's social workers.

4. General Case Planning and Review

The Department's 2004 PQCR revealed a need to change the process for creating the initial case plan by allowing more time to develop the case plan and providing for earlier involvement of the carrier worker. This will allow for more specific and more appropriate initial case plans to be developed. The Department will continue to work with the Court to develop a more flexible process to amend and modify case plans between review hearings.

The Department's social workers frequently employ family conferencing (e.g. Family Group Decision Making, Family To Family) early in the case planning process. Social workers recognize that active involvement of extended family members has a positive impact on a case's potential for success.

Management employs strategies that successfully convey their support to staff. Additionally, staff has indicated through the 2004 PQCR that they feel supported by their peers and supervisors. Collaborative Case Consultation is valued by social workers for its favorable impact on casework. DARE (Daily Assessment, Review and Evaluation) and CAF (Case Assessment Forum) are also viewed as important resources. DARE involves team decision making for whether or not to file a petition. CAF allows for discussion of a case at the end of the 12-month Family Maintenance period, to decide if a six-month extension is warranted. The Training Unit has benefited and empowered many of the Department's social workers.

The County's newly developed 'Healthy Homes' program is still in the implementation stage and appears to be a promising practice for the mental health assessment and treatment for children. Additionally, the Department's 2004 PQCR suggests the benefits of legislation and funding to support treatment of emotionally and behaviorally disordered children and substance abusing youth outside of the Child Protective Services venue, as a means of decreasing the occurrence of parental abandonment of their children in order for the child to receive treatment.

The Department's social workers maintain active and consistent contact with children and nuclear, extended, and foster families as well as significant non-related others and service providers that allow for ongoing assessment of risk and safety issues.

Children are receiving both preventive and prescriptive treatment on an ongoing basis.

Assessment and Case Planning is an ongoing flexible process for each client during the life of the case. Case planning is performed in collaboration with the client, keeping in mind the greatest level of participation and least level of prescriptive activities possible to empower the client to move toward positive change. The Department's social workers predominately use a strength-based approach in working with their clients.

Creative efforts on the part of social workers, or delivery of the service by the social workers themselves, are quickly employed as strategies for overcoming barriers to service provision.

Verbal interviews with social workers during the 2004 PQCR indicated that Concurrent Planning is occurring, however it is neither documented nor viewed as an integrated part of the case planning process. Rather, it is seen as a stand-alone process. The Department continues to emphasize to social workers the necessity of Concurrent Planning as an integral and "concurrent" aspect of providing for the safety, well-being and permanency of the child.

C. Foster/Adoptive Parent Licensing, Recruitment and Retention

1. General Licensing, Recruitment and Retention

The County has established a Relative Approval Unit of thirteen social workers who process approximately 140 cases per month, one-third of which require special services. While the unit expedites the workload in an efficient manner, the staff size is not large

enough to keep pace with the constantly increasing workload and the effects of staff absences due to military duty and other matters. The Department's 2004 PQCR recommends legislation and funding to reform the relative approval process to decrease delays in placement of children with family.

Recruitment of potential foster and adoptive parents is accomplished in various ways, each endeavoring to meet the needs of the racial and ethnic diversity of the children in care.

Visitors to the Department's Internet site are provided with a schedule of Orientation sessions and extended an invitation to attend so that they may learn how to become foster/adoptive parents. The Department has created an attractive Foster/Adoptive Parent Recruitment Brochure which is viewable on the website. The brochure can be requested and questions can be answered by calling a toll-free number provided on the website, or by e-mailing the address on the website's contact list.

The website has a considerable amount of information explaining the concepts and processes of foster care and adoption. In a question-and-answer format, the website also concisely answers many of the most commonly asked questions about foster/adoptive parenting. The information emphasizes that the characteristics of the children waiting for families are an assortment of ethnicities, colors, races, languages, ages, mental/physical/emotional abilities, sibling attachments, and other needs.

Department staff recruits potential foster/adoptive parents through the use of booths at local fairs and community events. Staff makes presentations at community forums, on local radio/television talk shows, and through interviews and advertisements in numerous local newspapers. Various key-chain, pencil, water bottle types of sundries are used to get the word out to the public. In addition, during the "non-working" hours of their lives, staff extends the opportunity to become foster/adoptive parents to people they meet and with whom they associate.

The support of and the retention of foster/adoptive parents is vital to the Department because these established families are often open to welcoming additional children into their homes. In the case of homes accepting older youth and special needs children, these families are especially valuable resources.

The support system includes parenting classes, family skills classes, contact with social work staff and an annual foster/adoptive family appreciation picnic sponsored by the Department and collaborating agencies. In July 2005, the Department went countywide with the Kinship Support Services Program by establishing two additional kinship support centers which offer a variety of services to grandparent and relative caregivers, including many support services and activities for children.

2. Placement Resources

The County has invested considerable effort into exploring the feasibility of a short-term evaluation/assessment residential facility to increase the effectiveness of placing children

with special needs into foster care. Currently, without a facility, the opportunity rarely exists to pool services in order to provide a comprehensive, multi-discipline evaluation and assessment of the child's needs. Medically/emotionally/behaviorally needy children are oftentimes evaluated and assessed in a hospital setting. As previously mentioned, the Department diligently explores ways to meet the continuing need for additional placement resources for children with special needs and older youth.

The Department's centralized placement unit matches a child's specific needs to the shelter care foster home in which they are placed. Each of the Department's three regions maintains an automated account of available placements. Social workers sometimes place children according to their (the social worker) own personal preferences. These preferences appear to be communicated among the social worker staff. This practice results in some placements being underused or unused. The Department would benefit from a formalized system of feedback from social workers to the Department on the suitability of the homes or facilities available for placing children.

D. Quality Assurance System:
1. Existing Quality Assurance System

The Department's quality assurance system is multi-faceted. A Countywide group entitled "Improving Quality System-wide (IQS)," meets monthly to discuss issues affecting service delivery to children and families. Recommendations from this committee go directly to the Department Director and the management team. Minutes are e-mailed to all Department staff.

The Department is divided into three geographical regions plus three functional divisions. Each of these six portions conducts its own District Issues Committee (DIC) meeting, which is open to the district's staff to discuss issues unique to that district or of importance to the entire Department. These district meetings are also one of the valuable channels the Department uses to maintain the flow of communication to and from its staff. Routinely, information from the IQS meetings is reported out at the DIC meetings. Minutes of DIC meetings are distributed to District staff.

Through the use of published materials (print and electronic), staff is updated on enhancements to the system of service delivery, in a timely manner. Communication is also facilitated through periodic management meetings, district all-staff meetings, unit meetings, the Department-wide newsletter and a constant flow of e-mail. The Department maintains a website to provide vital information to its staff and to the public. Through the availability and use of the County's computer Intranet, the Department is able to quickly self-adjust so that quality service can be assured.

In response to the increased number of children in foster care due, in part, to a lack of early permanency planning by social workers, the Adoptions and Safe Family Act (AFSA) of 1997 was enacted to ensure that children have the fundamental right to a safe and permanent home. This shifted the primary goal in child welfare services from reunification with the family to having a child in a safe and permanent home. In California, AFSA is implemented through Concurrent Planning.

Concurrent Planning is the process of immediate, simultaneous and continuous assessment and case plan development, which provides a continuum of options to achieve early, family-based permanency for every child removed from his or her family. Concurrent Planning is a collaboration between the Department, Court and family. Concurrent Planning includes the probability of reunification, the availability of extended family resources and identification of a family who will commit to legal permanency for the child.

A recent review of a sampling of open Family Reunification and Permanent Placement cases shows that Concurrent Planning is not consistently and appropriately used by social workers and enforced by supervisors. The findings suggest that staff values/beliefs may impede compliance with the Department's policy and expectations that Concurrent Planning be an integral part of case management from the very outset of the case. The Department will further explore the perceived barriers to implementing the County policy on Concurrent Planning.

While verbal interviews with social workers indicates that some attempt is being made at Concurrent Planning, a random sampling of FR & PP cases does not support that finding. In some other practice areas, it is likely that an activity is occurring, but not timely or thoroughly documented, however, this does not appear to be the case for Concurrent Planning. Identification and searching for relatives requires a paper trail and these were found to be missing in many of the cases reviewed. The findings suggest the lack of documentation in this area is reflective of the lack of concurrent planning activity. It appears that the Concurrent Planning process was never initiated in many of the cases reviewed, and that those that were initiated very seldom had much follow through. Based on the statistical data and observations, this review suggests that Concurrent Planning is not emphasized and the overall lack of follow through is apparent in all districts. The Department is aware of the need for further Concurrent Planning training for caseworkers and for their supervisors.

The County Human Services System's Legislation, Research, and Quality Support Services Unit (LRQ) provides up-to-date information and analysis on important legislation that impacts the agency's departments, including the Department of Children's Services, and utilizes surveys, administrative databases, and case reviews to provide statistics and feedback on the Department's programs, in order to measure their success in improving programmatic outcomes.

When the Department of Children's Services has a specific issue requiring study, LRQ provides services in data analysis, program evaluation, outcome measure tracking, quality assurance, or legislative advocacy that may benefit the Department's staff, clients, and programs.

Recently, the Department enlisted the services of LRQ's Research and Statistics Unit to conduct a survey of Mandated Reporters and a separate survey of Birth Parents of children with open Family Maintenance and Family Reunification cases. In addition, the

Department requested a survey of older youth receiving Independent Living Skills Program (ILSP) services. The findings of these surveys are incorporated into this Self-Assessment document. Also included in this document are the findings of a review of cases performed by LRQ's Quality Support Services Unit (QSS), the purpose of which was to determine compliance with the Department's Concurrent Planning Policy.

The QSS unit was created for the purpose of ensuring that appropriate policies, procedures, and documentation exist to substantiate compliance with State, County, and Federal regulations. The unit's responsibilities also include case reviews and surveys. Upon the request of the Department of Children's Services, QSS conducts case reviews and program audits using respective computer programs and links to extract pertinent information from appropriate administrative databases, followed by in-office case reviews to affirm findings. Analysis of aggregate data from cases is used to measure compliance with regulations and to report results to appropriate State, County, and Federal agencies. The QSS Unit also assists LRQ's Research and Statistics Unit in survey administration, by conducting in-person or telephone interviews.

QSS assists in the maximization of funding for the Department of Children's Services by increasing federal Title IV-E revenue for a.) administrative costs for DCS and the Juvenile Probation Department; and b.) Transitional Assistance Department Foster Care Maintenance Payments.

QSS tracks and determines eligibility to foster care for children receiving SSI (Social Security Income) to help increase the County's Title IV-E Penetration Rate. This unit also identifies and tracks all non-federal foster children residing with a non-related legal guardian and ensures that they are properly counted and identified in the welfare database. Additionally, QSS audits foster care cases for Title IV-E compliance and eligibility.

The Department contracts with a provider of Supplemental Security Income Advocacy Services for children in foster care. This arrangement provides the Department with a level of expertise not available within the County, and an efficient, cost effective method of providing these services to children. The contractor has the capability to keep abreast of the extensive and perpetually changing SSA policies and regulations; and maintains specialized knowledge and experience that can be cost-effectively utilized by the Department. The objective of the SSI Advocacy Services for foster care children is to decrease the amount of County funds paid for foster care. The contractor reviews the cases of referred foster care children, files an SSI application for those children determined to be potentially eligible for SSI, and processes the claim through to the appeals process, if necessary. For each case in which SSI benefits are awarded, the amount paid by the Department for that child's foster care is reduced by the amount received from SSA.

In a survey developed and implemented by LRQ's Research and Statistics Unit, a random sampling of birth parents of children with open Family Maintenance or Family Reunification cases was surveyed to determine the level of their satisfaction with their

child's social worker. Overall, the majority of the birth parents responding to the survey were satisfied with their child's DCS social worker. The notable areas of the birth parents' concern were 1) lack of resources provided to parents to improve their parenting skills, 2) parents not being asked what services they felt were needed, and 3) social workers not being sufficiently sensitive to the client family's culture and religious beliefs. The survey process also revealed that social workers need to improve the accuracy of parental residential addresses for the Family Maintenance and Family Reunification cases on CWS/CMS.

E. Service Array:

1. Availability of Services

The Department offers support to families to ensure the safety and well being of the child while also following the direction of a family-centered, strengths-based approach. The Department offers services to help reduce the problems of the child and family while strengthening and attempting to preserve the family unit. These include counseling; referrals to self-help groups; assistance in obtaining medical care, emergency shelter and transportation; and temporary in-home services to help parents and children. The social worker's activities are designed to protect children and enable families to stay together whenever possible.

The Department offers supportive services through contracted providers, memoranda of understanding with other public agencies and through referrals to various community resources. The list of services and service locations continues to grow as funds become available. Historically, the Department has been open to piloting projects to increase the diversity and availability of services to children and families.

Further funding is needed to encourage development of service locations accessible to clients residing in the farthest outreaches of the County. Transportation to and from services is sometimes a barrier to remote clients when the services are offered in the County's main population centers. Gas vouchers and bus passes are available as needed.

As the demographics of the County's population changes, the need has grown for additional providers who are language diverse and culturally competent. The Department's AB636 Fairness and Equity Committee is focused on improving the availability and accessibility of culturally competent and services countywide.

Funding limitations and a shortage of quality camps have hindered the Department's ability to accommodate requests for camperships. However, this year the Department is sending over 800 children to camp. In the summer of 2000 the Department was able to send over 1000 children to camp. The Department recognizes the value of a good camping experience to a child's well being and development.

2. Assessment of Needs and Provision of Services to Children, Parents, and Foster Parents

The Department is currently piloting the Family To Family Initiative which is grounded in two fundamental convictions: 1) there is no substitute for strong families to ensure that children grow up to be capable adults; and 2) the ability of families to raise their children is often linked to conditions in the communities where they live. Family To Family encourages community-centered responses, which can better protect children, support families and strengthen neighborhoods. These convictions are consistent with the Department's goals and philosophy that children are best raised by families in communities from which they come, and that strong communities produce strong families, which, in turn, produce strong, healthy children.

The Family To Family approach will facilitate the planning and implementation of enhancements to the Department's existing system of service delivery. The Department's goal is to reduce the number of times children are moved from one placement to another and enhance placement resources throughout the County. The Department also strives to ensure that more children will be placed in their own neighborhoods, with their siblings, in a family setting that will produce stability and increase reunification with their birth families.

The Department is currently in need of a network of family foster care that is more neighborhood-based, culturally sensitive and located in the community from which children come into care.

The Department has recognized a need to reduce its reliance on institutional care. Many of the children in these settings could have their needs met through relative or foster care.

There is always improvement needed in screening children being considered for removal from home, to determine what services might be provided to safely preserve the family and/or determine the needs of the children. The Department is training its social workers to better assess risk and determine the minimum level of risk needed to retain the child safely in the home with the family. The Department is exploring risk and safety assessment tools to adopt for standard usage by social workers. Once the children are removed, the Department needs to strive to reduce the length of stay for those children in out-of-home care.

Birth parents need to be encouraged to become involved in all of the decisions involving their children who have come to the attention of the Department. Implementation of the New Initiatives is facilitating this involvement.

One of the Department's priorities is to reduce the disparities associated with race/ethnicity, gender or age. To accomplish this, the Department, on an ongoing basis, will evaluate its policies, procedures and training to promote fair practices. As decisions are made and actions are taken affecting children and families, Department staff will be mindful of the need to eliminate such disparities.

The Department is committed to providing the least intrusive intervention and preserving crucial family bonds with the goals of eliminating risk and enhancing parenting skills. As

the Department partners with communities to achieve early detection of abuse and neglect, the hope is that enough appropriate services can be provided to the child and family through front end intervention, which will enable the child to remain safely with their family of origin. The result will be fewer placements and fewer referrals that become cases.

Although the Department has made tremendous progress in being a neighborhood resource for children and families and investing in the capacity of the community from which the foster care population comes, there is much more work to do and more neighborhoods to reach. As the Department strengthens its ability to assess the needs of the community, more supportive services can be put in place as funding becomes available.

The Department has successfully partnered with a local church-affiliated mission to pilot a community resource center, which supports the needs of families caring for their kinchildren. This kinship center is the model for two additional kinship resource centers, which opened in July 2005. The Department stresses the development of community resource centers through its contracts funded by CAPIT (Child Abuse Prevention, Intervention & Treatment), PSSF (Promoting Safe and Stable Families) and KSSP (Kinship Support Services Program).

The Department utilizes Foster Care as a temporary placement, which assists children in planning for return to their birth parents or for a more permanent placement such as adoption or guardianship. Social workers visit the home on a regular basis to provide services to support the children's needs. Foster parents receive financial and medical assistance. As previously mentioned in this document, the Department provides the community with information, training and support needed to pursue foster care. The Department's procedures are flexible, culturally sensitive and responsive to the needs of the community. Staff is available to assist in the process of becoming a foster parent.

In addition to the support provided to foster parents by the social work staff, foster parents are invited to meet monthly, in forum, with the Department's regional Deputy Directors. Foster parents' concerns are discussed. In-service on relevant topics is presented. Upcoming events, and other important news are shared with foster parents at these meetings. Networking with other foster parents is a valuable aspect of these monthly meetings.

Annually, the Department hosts a daylong foster/adoptive parents appreciation event. This event is co-sponsored by the Children's Network and Children's Fund. Department staff plans and conducts this event, which features activities and prizes for parents and children.

The Department's commitment to continuing efforts to improve its use and support of foster parents is evidenced by the recent revision of the Foster Parent Manual and the development of the Foster Parents Bill of Rights. These achievements have resulted from the collaboration between the Department and foster parents.

A survey of mandated reporters reveals an overall satisfaction with the Child Abuse Hotline. The majority of the mandated reporters surveyed feel that CAHL workers answered their calls promptly and courteously, attentive to all relevant information. Some of the responses suggested that while most CAHL social workers present in an experienced, knowledgeable and professional manner, more consistent and thorough training may benefit other CAHL workers by increasing sensitivity and a higher regard for confidentiality.

Many of those surveyed feel that CAHL workers should do a better job of explaining what is going to happen after the mandated reporter makes a report of suspected child abuse or neglect. The responses to the survey also indicated that the majority of mandated reporters know they are entitled to be informed, in writing, of the final results of their Child Protective Services (CPS) report. Almost half of the mandated reporters surveyed feel they can benefit from additional training in the identification and reporting of child abuse and neglect.

Several of the mandated reporters commented on the investigation by intake social workers. Some expressed a concern that limited Department resources may contribute to a delay in removing a child from an unsafe situation.

ILP, the federal and state funded Independent Living Program, provides basic life skills, career exploration and job readiness preparation for foster teens. In ILP, 16-21 year olds learn skills to prepare them to transition to adulthood and living on their own. A vast array of job training, employment/education counseling, tutoring, scholarships, and financial assistance are available. Housing and transportation assistance are provided. Financial incentives are provided as ILP youth complete conferences, workshops and classes. ILP youth also benefit from attending retreats and networking with each other. Their accomplishments are featured in the ILP newsletter.

In addition to the training and supportive services which they receive while in the program, when ILP youth exit the program, they are equipped with an ID Packet (birth certificate, social security card, DMV card, health history, and placement history), a Resource Directory for teens, and an Exit Package (includes household start-up supplies). After-Care Services are available to exiting ILP youth. Most former foster youth are eligible for full Medi-Cal benefits until their 21st birthday.

San Bernardino County has implemented ILP through its ILSP, Independent Living Skills Program, which is unique in that it serves both Department of Children's Services dependents and Probation wards, as well as youths who have aged out of the foster care system (After-Care).

ILSP case management and youth milestones are not tracked on CMS.

Based on data collected in a recent survey, ILSP youth are optimistic about their future and most are planning to continue their education. The majority are satisfied with their

communication with their social worker. The survey reveals a need for additional understanding of the importance of court proceedings. Additionally, the ILSP youth surveyed appear to need assistance in developing positive relationships with their siblings.

In the County's 2004 SIP, the establishment of a Youth Advisory Board was identified as an improvement goal to increase successful outcomes for youth transitioning to self-sufficient adulthood. The County's Youth Advisory Board convened for the first time in June 2005. Since then, over sixty (60) youth have participated in YAB activities and bi-monthly meetings.

Another successful concept employed by the Department is Wraparound, an intensive, strengths and needs based service delivery, which is community-based and family-centered. This process allows seriously emotionally disturbed children to remain in their community at the lowest placement level of care possible. The Wraparound process "wraps" the child and their family with flexible services while supporting the child to succeed in a lower placement level, usually within the child's community. Wraparound is currently being provided in a specific target geographical area as a pilot project in collaboration with the County departments of Children's Services, Behavioral Health, Probation, Public Health, and Superintendent of Schools, along with local community and faith-based organizations. The process is provided by a contracted service provider. In February 2006 training of newly contracted Wraparound providers will be completed, enabling Wraparound services to be provided countywide.

Family Group Decision Making (FGDM) is a strength-based, family-focused intervention process mediated by an impartial facilitator. The FGDM conference (meeting) is designed to strengthen the existing care-giving system for the child by designing and implementing a plan that provides for the safety, well being and permanency needs of the child. Voluntary participants in this process are family members, family identified support providers, Department social workers, and other service providers. This process empowers the family to make safe and appropriate decisions regarding their children and to confirm that these decisions are acceptable to the professionals involved with the case.

In-Home Services are sometimes incorporated into individualized case plans, in collaboration with the Court and the family. The Department tailors its approach to In-Home Services to meet the needs of the child and family. Many services are offered in home to children, parents, relatives, foster parents and adoptive parents.

The Adoption Assistance Program provides financial assistance, including help with medical care, to families who adopt children who would otherwise remain in long-term foster care. These children have one or more qualifying characteristics, which have become a barrier to their adoption without financial assistance. Some are members of a sibling group to be adopted by one family. Some are mentally, physically, medically, or emotionally handicapped. Many are three years of age or older. Oftentimes children will experience difficulty being adopted without financial assistance because of their ethnicity, race, color or language. The troubled background of a parent due to mental or

physical illness, or drug addiction, can often pose a barrier to a child being adopted without financial assistance.

3. Services to Indian children

In compliance with the Indian Child Welfare Act (ICWA), the Department, as part of its intake process, inquires about the possible connection of the child with a Native American tribe by virtue of the child's membership in a tribe, one or both of the child's biological parents' membership in a tribe, or the child's eligibility for membership in a tribe. When such a connection appears probable, the Department properly notices appropriate parties of the pending proceedings and of their rights of intervention.

The 2000 US Census showed 9,804 Native American/Alaska Native residents identified in San Bernardino County. The County falls within the recognized spheres of influence of an estimated sixteen Native American tribes and bands.

The Department has recognized the need for further staff training on determining if a child may be Native American and covered by ICWA. If staff does not make the proper identification, then the necessary search and noticing does not take place. Staff also needs to become more proficient in the use of various available resources to search for the proper parties to notice when ICWA applies to a child. Staff needs to be more aware of the serious repercussions, including vacating of previously issued orders, resulting from this oversight.

The Department has an experienced social worker of Native American heritage, who acts as a valuable resource in ICWA matters and is designated as an ICWA Liaison. In addition, the Department's Administrative Resources Division (ARD) includes two support staff members designated to assist line social workers with ICWA matters. Other culturally competent social workers are being sought to enhance the Department's communications and dealings with the tribes and the children in care, who may be identified to a tribe.

While the full array of the Department's services is available to Native American children, there are no services currently offered exclusively to Native American children and families.

The Department is able to make referrals to providers of services that specialize in the needs of Native American children and families. A listing of such services is developing on an ongoing basis as more resources are discovered through Internet research, networking, conference materials, and solicitations from specialized providers. The list currently includes providers of health services and employment assistance. Efforts are underway to add utility assistance, educational assistance, and housing assistance. Additional health services providers are also needed to cover the geographically remote regions of the County.

When contact has been made with a tribe, with which a protected child may be identified, the Department at the behest of the tribe may arrange services.

Currently, the County's local Housing Authority does not receive federal housing assistance funds to offer exclusively to Native Americans. While all of the services of the County Housing Authority are available to Native Americans, federal preference cannot be offered in consideration for those services. The US Bureau of Indian Affairs offers the Indian Public Housing Assistance Program with services exclusively for Native Americans.

The Department plans to establish closer links with administrators of tribal registries and with the resources of the Bureau of Indian Affairs and the U.S. Census Bureau.

F. Staff/Provider Training

1. Staff Training

Department staff receive mandatory social work training at the Southern Region Public Child Welfare Training Academy (PCWTA), which provides a comprehensive, competency based in-service training program for the public child welfare staff of five Southern California counties (Imperial, Orange, Riverside, San Bernardino and San Diego).

The Academy training program plan is implemented through a collaborative partnership by Academy staff, faculty and directors from the previously referenced counties and three universities offering social work degree programs, Loma Linda University, California State University San Bernardino and San Diego State University. The Southern Region PCWTA has training centers in both Oceanside and Riverside and is sponsored by the California Department of Social Services in cooperation with the California Social Work Education Center (CalSWEC).

The training program consists of core, advanced, and specialized training classes and courses provided to approximately 3,000 child welfare social workers, supervisors and managers. The Academy's curriculum is based on statewide practice standards and child welfare competencies, but it is also tailored to meet regional training needs.

Core courses represent the essential knowledge and skills needed to perform the tasks in Child Welfare Services (CWS). The Academy offers Core courses in Social Work Practice, Supervision, and Management. Core courses are designed for newly hired or newly promoted staff, but are also useful to those who are transitioning into new job functions and/or those who are seeking to renew their knowledge and skills.

Advanced classes and/or courses build upon the Core, but offer a more in-depth review of a subject, skill, or practice. These classes are developed for staff who have the fundamental CWS skills and knowledge, but want to enhance those skills and knowledge.

Specialized classes are not related to the core classes but are designed to meet specific training needs of staff. These trainings may also be targeted to CWS staff seeking training on specific job-related skills and tasks.

The Special Topics category encompasses trainings that are directly related to changes in the law and State regulations.

The Department requires staff to complete additional in-service training in policies, procedures, practices and terminology specific to the Department. Also covered in this Orientation & Induction (O&I) training are Court processing, Welfare & Institutions Code WIC 300 petitions, Intake Procedures, Placement, Adoptions, Independent Living Skills Program, Jurisdictional/Dispositional Reports, Status Review Reports, Foster Home Licensing, and other topics necessary to provide a basic foundation for case management. Also, O&I provides social workers with computer-assisted training in CWS/CMS (Child Welfare Services / Case Management System).

The Department has implemented training units for new social workers. Ideally, new social workers will complete PCWTA and O&I while assigned to the training unit, before they are assigned to a regular line unit. Additionally, the entire Department staff is undergoing mandatory training in Fairness and Equity, Understanding Poverty, Domestic Violence, Teaming Strategies (New Initiatives), Substance Abuse, and Family To Family Readiness. Contracted professionals and County trainers are providing the training. Completion of training of existing staff is scheduled for June 2006.

Some of the Department's social workers are concurrently completing a university MSW program. These MSW Interns serve a portion of their time on the line as caseworkers and the balance of their time interning is typically spent outside the department.

The Department also has a unit of MSW Interns who are not employed by the department, but receive training in case management and social work competencies.

The Department has identified social worker training needs in understanding and practices related to divergent client cultures. Additionally, there is a need for improved access to resource listings and the forms/processes required to secure these resources for client families. Specifically, social workers experience difficulty in accessing financing, through the Department's Regional Budget Committee approval process, for services for clients. The Department's 2004 PQCR suggests that the social worker's difficulty in navigating through the RBC approval process interferes with the ability to offer services and engage families.

2. Provider Training

Service providers receive introductory training at the initial bidders' conference, the informational meeting resulting from the issuing of a Request For Proposals. Technical assistance is provided to the bidders during the proposal period, on an equitable basis.

After the contracts are awarded, the training of providers is conducted in an ongoing manner. Initial meetings between the provider and the Department include training in the terms of the contract, procedures of invoicing, monitoring, and performance. Training is given on the use of the Impact Evaluation Form, designed to capture performance-measuring data. An assigned Department liaison is available to answer provider questions and resolve issues. Monitoring visits have proven to be excellent opportunities for continued training.

Quarterly Providers Meetings allow the Department an opportunity to address issues with all of the providers as a group. Provider concerns, training updates, performance feedback and future funding issues are some of the items common to these meetings. Networking of providers is also helpful in increasing the individual competence of the providers.

The Department requires Kinship and Wraparound service providers to attend trainings in the philosophy, practice and delivery of service they are contracted to provide.

G. Agency Collaborations:

1. Collaboration with public and private agencies

The Department values and depends on the collaboration with community organizations and public/private agencies to provide services to children and families. Efforts are continuing to reach the more geographically remote areas of the County.

Community Collaboratives, similar to town hall meetings, for the various population centers, or regions of the County, have been ongoing successes in providing means of obtaining feedback from the public and providing pertinent information to those involved in the support of child welfare services.

Through various events, private agencies are able to get involved by sponsoring or donating items or services. Local media often make time and space available to promote Department activities and programs.

The Department is vitally linked to agencies such as Children's Fund, Children's Network and the Children's Assessment Center. In addition to providing consultation and assisting in research, the Children's Fund and Children's Network both provide hard goods and services or links to public/private agencies which can provide these necessities. The Children's Assessment Center, a public/private partnership, provides forensic interviews and evidentiary medical examinations to assist in the evaluation of child abuse allegations and coordinate services in a child focused atmosphere, thus reducing the trauma to the child victims and their families.

Many of the Department's programs and services are accomplished in collaboration with other County departments through formalized MOU and sharing of costs, or through a blending of representatives from participating departments onto task forces or advisory boards. Community members and private agency representatives participate as members of various committees, boards and task forces.

The Substance Abuse Task Force addresses the availability and modality of providing treatment to DCS clients through a network of public and private service providers. This task force meets monthly and consists of DCS social workers, administrative support staff, clinicians from the Department of Behavioral Health (DBH), a Probation Officer whose specialty is working with substance abusers in diversion programs, Department of Public Health nursing staff, and service providers contracted with DBH.

Annually, the Department provides staff to serve as speakers, facilitators, organizers, and event staff for the Children's Network Conference, which attracts hundreds of representatives from the community and public/private agencies to network and explore issues relating to child welfare services. The most recent conference focused on CWS Redesign and AB636.

The Department quickly followed up the CN Conference with a Team Building Conference in which community and agency stakeholders were invited to participate in the process of improving the CWS system.

Public Health Nursing is provided to the Department of Children's Services' clients through Memoranda of Understanding between DCS and the County's Department of Public Health. In one such memorandum of understanding, DCS and DPH agree to develop and maintain an adjunct health service delivery system for children who receive children's services from DCS by implementing the Department of Children's Services Skilled Professional Medical Personnel (DCS-SPMP) Program, known as "Rx 4 Kids". This program provides eligible children with access to a range of medical, dental, developmental and family support services in an integrated manner, within a child-and-family centered system designed to meet the needs of children requiring medical evaluation and referral. The purpose of Rx 4 Kids is to provide health-related services by SPMP to DCS Medi-Cal eligible and Foster Care children to reduce their risk of poor health outcomes. The long-range goals of this program are to assure that eligible children receive timely health assessment and referrals for treatment services, and that all services rendered are documented.

The Department's effectiveness in working with other agencies can be enhanced by legislation removing barriers to interagency collaboration/communication and blended funding sources.

2. Interaction with Local Tribes

At this time, the Department's working rapport with local tribes is not as strong as the Department desires. However, the Pechanga tribe, from the southeastern part of the State, was instrumental in educating Department staff on ICWA, along with Native American history, culture, traditions and customs. Several members of the Department's staff were invited by the tribe to this training.

Also, key Department staff members attended an ICWA conference hosted by the Barona Band of the Mission Indians. The Department avails itself of opportunities to attend

workshops and conferences, which increase staff understanding of issues and processes involving Native American children and families.

The geographical vastness of San Bernardino County falls into the spheres of influence of several Native American tribes. Initial contacts have been made with the San Manuel Band of the Mission Indians, located just outside the County seat. The Department is endeavoring to establish regular and meaningful rapport with each neighboring band and tribe.

The Department recently administered County-wide ICWA trainings, facilitated by Department staff and County Education staff, featuring presenters from County Counsel and the Apache/Cahuilla Nations. Topics included ICWA Law and Noticing, Indian Culture, Indian Child/Family Assessment, and Services/Resources. These successful trainings were well attended and well received.

V. COUNTY-WIDE PREVENTION ACTIVITIES AND STRATEGIES

A. County-wide Primary Prevention Efforts, and

B. Prevention Partnerships

Within San Bernardino County there exists a wide range of partnerships to provide collaborative and integrated prevention and early intervention services to at-risk children and families.

The Children's Network of San Bernardino County concerns itself with children at risk, defined as minors who, because of behavior, abuse, neglect, medical needs, educational assessment, or detrimental daily living situation, are eligible for services from one or more of the County's human services agencies.

While Children's Network is not an administrative body or a "superagency," the overall goal of the Children's Network is to help children at risk by improving communications, planning, coordination and cooperation among youth-serving agencies, identifying gaps and overlaps in services, providing a forum for clarifying perceptions and expectations among agencies and between agencies and the community, setting priorities for interagency projects, and implementing collaborative public and private programs to better serve children and youth.

The Children's Network has the following eight components:

- 1) Children's Policy Council: department heads of those County agencies that provide services to children, a member of the Board of Supervisors, the County Administrative Officer, and the Presiding Judge of the Juvenile Court;
- 2) Children's Advocate Linkage: a mutually supportive ongoing partnership between the various components of the Children's Network and children's services providers,

advisory boards, local educational agencies, child advocates, community collaboratives and community-based organizations, the religious community, and the community-at-large;

3) Children's Services Team: an interagency, mid-management policies and procedures problem-solving group with a network of subcommittees working on specific projects;

4) Children's Fund: a nonprofit public-private partnership that supports programs and provides goods and services to meet the needs of children and families in poverty who cannot obtain those goods and services through existing public or private programs. Children's Fund supports Education First;

5) Children's Lobby: an interagency group of legislative analysts who review child-related legislation and make recommendations to the Policy Council;

6) Child Abuse Prevention Planning Committee: an interagency planning group for planning and executing San Bernardino County's participation in the National Child Abuse Prevention campaign each April, and developing ongoing public awareness activities in all areas of child abuse and child safety;

7) Child Care and Development Planning Council: for the purpose of developing a county-wide plan to set forth the priorities for the use of Federal Child Care Block Grant funds in the County for children of eligible families and a comprehensive county-wide, long-range plan for child care and development services; and

8) Family Preservation and Family Support Planning Council: for the purpose of developing a county-wide plan to set forth the priorities for the use of Federal Family Preservation and Support Program funds in the County for eligible families and a comprehensive county-wide five-year plan for family preservation and support services.

San Bernardino County is also a member of several other collaboratives and councils. Below is a list of the activities in San Bernardino that work to the betterment of children.

Education First is a partnership of San Bernardino City Unified School District, County Superintendent of Schools, Community Services Department, Department of Public Health, Department of Children's Services, the Homeless Coalition and Children's Network which provides for schooling, school supplies, and emergency needs of homeless children and families.

The Child Care & Planning Council (CCPC) was established to develop and implement a County-wide, long-range plan to meet the child care needs of low income families. CCPC membership includes parents, childcare providers, and representatives from public and private agencies. The CCPC provides a forum for the identification of local childcare priorities and the development of policies to meet the needs identified within those low income families.

The Children's System of Care (CSOC) philosophy and mission is to provide a continuum of flexible family focused and culturally competent services to seriously emotionally disturbed children at risk for out-of-home placement and those children already in placement who are at risk for higher levels of care. This is accomplished through the various components of CSOC including family preservation councils, regional intervention or multidisciplinary teams, an interagency placement committee, and technical assistance team.

Family Preservation Councils (FPC) provide prevention and early intervention services to at-risk children and their families, through service plan integration and the mobilization of community-based resources to alleviate the risk factors that could lead to out-of-home placement. FPC's are regionally based throughout the County and encourage the participation of parent's, County contracted programs, and other community-based service providers in the FPC process. The FPC's meet monthly, or more often if needed, in five different regions of the County. In 2001, the FPC's held 218 in-depth service plan integration discussions on children at high risk for out-of-home placement. The FPC's are the prevention, early intervention component of the Children's System of Care.

Children's Network Multidisciplinary Teams are composed of social workers, public health nurses, probation officers, mental health clinicians, and school personnel who meet monthly in five regions of the County to integrate service plans and share information regarding at-risk children they are mutually serving.

The County School Attendance Review Board is composed of representatives from various youth-serving agencies and community members who meet regularly to diagnose and resolve persistent student attendance or behavior problems through the use of available school and community resources.

Countywide Gangs and Drugs Task force provides a communication forum for law enforcement, schools, substance abuse treatment programs, and youth development programs, to improve outcomes for youth at high risk for involvement with gangs and drugs.

Law Enforcement Education Partnership is a coalition of school superintendents, law enforcement chiefs, Probation Department, the judiciary, and district attorney which seeks to explore areas of interagency partnerships in support of youth and the promotion of school and community safety.

The imPACCT (People and Communities Changing Tomorrow) Program is a partnership including Children's Network, Children's Fund, Public Health and Loma Linda University, funded by the Centers for Disease Control and Prevention, which works on youth development and strategies to reduce teen pregnancy and other at-risk behaviors.

Perinatal Coalition on Drug and Alcohol Abuse creates and supports strategies to engage pregnant and parenting substance abusing women in the treatment process.

Workforce Investment Board Youth Council develops, monitors, and advises the Workforce Investment Board (WIB) on youth employment and training plans, services and fund distribution.

Youth Empowerment to Self-Sufficiency Program (YESS) is a Public Health program funded through CalWORKS incentive funds, targeting youth from CalWORKS families who are at risk of dropping out of school. The mission of YESS is to “inspire and empower youth, while accentuating and enhancing their personal strengths, toward self sufficient and the achievement of individual potential.” YESS collaborates with the Transitional Assistance Department and local school districts.

San Bernardino County Department of Children’s Services (DCS) contracts with various community-based organizations throughout the County to provide a continuum of Child Abuse Prevention, Intervention, and Treatment (CAPIT) services. These services are funded by State AB 1733 (CAPIT) and AB 2994 (Children’s Trust Fund) funds.

San Bernardino County DCS contracts with various community-based organizations throughout the County to provide a continuum of Promoting Safe and Stable Families (PSSF) services. These services are funded by Federal Title IV-B funds.

San Bernardino County DCS supports various community-based organizations throughout the County to provide a wide range of domestic violence prevention and intervention services. These services are funded by Presley Funds.

First 5 of San Bernardino actively supports a wide range of community-based organizations and institutions that provide child welfare services across the County. Through their next set of contracts First 5 plans to continue supporting family resource centers and other child welfare services throughout the County. These projects and services are supported with Proposition 10 funds.

The Department of Children’s Services is a partner in the Perinatal Leadership Team. The mission of the Perinatal Leadership Team (Perinatal Team) is to institute *SART*: a process of *screening* and *assessment* of all pregnant women in San Bernardino County for drug, alcohol, and tobacco use, followed by *referral* to appropriate *treatment* programs. The mission for the Children’s *SART* Team (Children’s Team) is to institute a common procedure to be utilized by all agencies and independent professionals serving children, to screen children 0-5, beginning with those at risk, for behavioral, developmental, social and emotional problems and refer all children with problems to a commonly supported Children’s Assessment Center(s), where appropriate treatment will be determined.

The Department of Children’s Services and the Department of Behavioral Health have partnered to develop and support the Healthy Homes program. This program uses Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds to support the screening and treatment of the mental health needs of children in out-of-home care.

San Bernardino County DCS is implementing the Family-to-Family program. The City of Rialto has been chosen as the location for Phase 1 implementation.

C. Strategies for the Future

San Bernardino County believes that working to increase awareness and utilization of the above teams and programs will significantly improve outcomes for children and families.